ARKANSAS' PART C PROGRAM

FIRST CONNECTIONS

State Systemic Improvement Plan

PHASE III: Evaluation Report

FIRST CONNECTIONS
Department of Human Services
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
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2017

TABLE OF CONTENTS

INTRODUCTION/OVERVIEW

Purpose of Phase III of the State-wide Systemic Improvement Plan (SSIP)

The U.S. Department of Education's Office of Special Education Programs (OSEP), in an effort to improve educational and functional outcomes for children with disabilities, modified methods of monitoring to place greater emphasis on results rather than just strictly compliance. These efforts resulted in the addition of a new indicator (C-11) to the Annual Performance Report (APR). Indicator C-11 requires states to develop a State Systemic Improvement Plan (SSIP) focused on improving results for children with disabilities.

States' Part C programs submitted Phase I of the SSIP beginning with the FFY 2013 APR in 2015. Phase I analyzed the state system to determine program strengths and needs through in-depth data analysis. The Phase II SSIP report submitted to OSEP in April of 2016 proposed coherent improvement strategies intended to improve outcomes for infants/toddlers with disabilities and their families as well as described methods of using the program's general supervision system to improve implementation of the requirements of Part C of the IDEA.

Phase III of the State-wide Systemic Improvement Plan (SSIP) for Arkansas' Part C program, First Connections, communicates the results of beginning implementation activities outlined in Phase II. The Phase III SSIP reports the results of the state's on-going evaluation of the strategies included in the SSIP, progress in implementing improvement strategies, and any revisions that have been made to the State's plan. The Phase III report is submitted to OSEP on April 3, 2017 and linked on the First Connections' Web site at https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-reports.

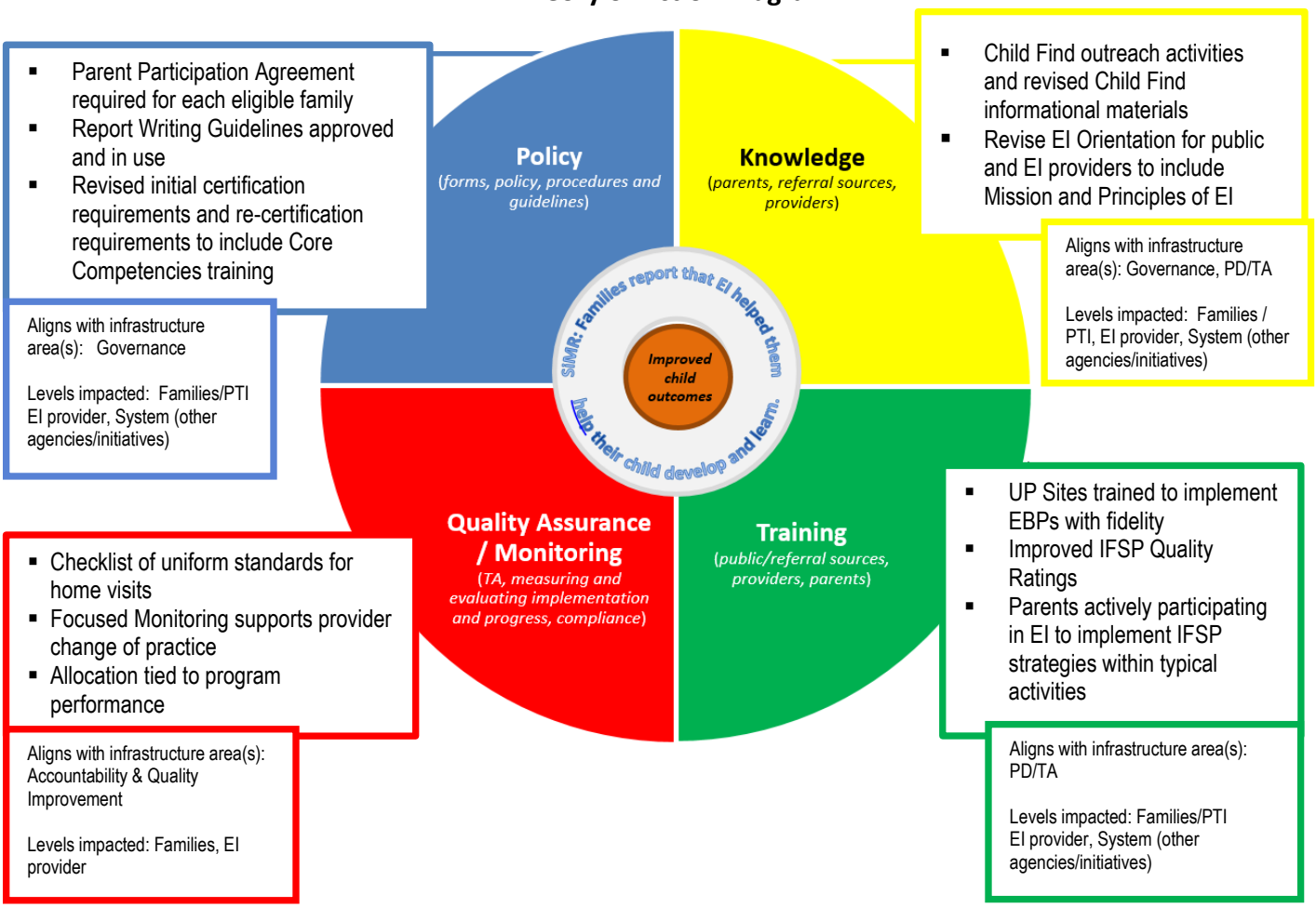
Phase III Alignment with Phases I and II

Because Phase III presents an evaluation of activities proposed in Phase II and an assessment of gains or results of these activities, the Phase III evaluation plan builds on the work that came before it. For readers unfamiliar with earlier phases, key points of Phase I and Phase II are included in the Appendices and referenced in this report to facilitate understanding. For information regarding implementation timelines, see *Appendix 4: Implementation Timelines (Phase II Compared to Phase III)*.

Evaluation Related to Theory of Action

The First Connections Theory of Action graphic representation developed in Phase I illustrates the interrelated nature of four broad improvement areas (based on infrastructure areas or system components) to visually represent the interconnectedness of the four broad areas and how improvement strategies in each of the four areas work together to reach the SiMR (larger middle circle) to ultimately improve outcomes for infants and toddlers (smaller inner circle). The Theory of Action diagram from Phase I has been enhanced for Phase III to depict how specific SSIP activities or strategies relate to the theory of action:

Theory of Action Diagram



As the Theory of Action portrays, each of these activities or strategies is inter-related and the success of one segment impacts the success of another in reaching the SiMR. Beginning in the upper, right-hand quadrant's "Knowledge" section, "remarketing" the Part C program enables referral sources to accurately describe the referral to the Part C program which helps parents understand their role as active participants in early intervention rather than passive recipients of services directed only for their child with a disability. Once contacted, the policy change requiring the use of the Parent Participation Agreement reinforces parents' role as an active participant in their child's early intervention program. Procedural changes and policy changes in the requirements of written evaluation reports result in parents receiving useful information to assist them in planning functional1 child outcomes on their IFSP. Policy changes in certification standards that require all EI professionals complete Core Competencies training (Policy quadrant of diagram) ensures that all EI professionals working with families understand the mission and principles of early intervention and use best practices in involving and engaging families in their child's early intervention from initial contacts through transition (Training quadrant of diagram). Uniform standards for home visits and community location visits (Quality Assurance/Monitoring quadrant of diagram) ensures providers are working with families and other caregivers to increase caregiver capacity and ensure continued implementation of best practices. Focused monitoring and Part C allocation tied to program performance supports continued implementation of EBPs. When all of these areas are in place and

fully functioning together, EI practitioners work with families in a way that helps families help their child develop and learn (the SiMR). When families are able to help their child develop and learn, child outcomes improve (inner circle and ultimate goal of the work).

The intended results or "outcomes" of the SSIP strategies are outlined below:

(a) Short term outcomes (goals) -- 1 year:

- Target group formed, organized, in training, and beginning to implement EBPs
- Improved IFSP quality ratings (of target group)

(b) Intermediate outcomes (goals) -- 2-4 years:

- Target group expanded
- Improved IFSP quality ratings (of expanded target group)
- More children are served in their natural environment
- Parents and other caregivers are engaged and participate in their child's early intervention
- EI practitioners (target) implement EBPs with fidelity

(c) Long term outcomes (goals) -- 5-7 years:

- Improved IFSP quality ratings (statewide)
- EI practitioners (statewide) implement EBPs with fidelity
- SiMR -- Increased percentage of parents reporting that early intervention helped them help their child develop and learn
- Improved child outcomes

More detailed information about short and long-term outcomes and procedures of evaluating progress can be found:

- *Short-Term Outcomes* subsection of **Section II: Evaluating implementation of the SSIP**
- *Long-Term Outcomes* subsection of **Section II: Evaluating implementation of the SSIP**
- *Key Performance Indicators* subsection of **Section III: Evaluating Progress toward the SiMR**
- Appendix 2: *Specific DEC Recommended Practices Aligning with SSIP Outcomes*.

SSIP Activities Related to Aspects of the State System Changed as a Result of Coherent Improvement Strategies

Specific improvement activities to improve the State infrastructure (grouped by areas indicated in the ToA diagram):	Progress / other details:
Training: a. Update existing EI Orientation training as an interactive Web based training. b. Identify "core competencies" of Part C providers and train all Part C providers in core competencies (initial certification/re-certification).	a. In process. Web training developed and content approved. Ironing out technical difficulties. b. Core Competencies training developed and rolled out in summer of 2016. *See QA section on certification requirements.*
Quality Assurance & Monitoring: a. Revise certification requirements to require all EI providers to complete Core Competencies training and meet a minimum cut off score on a post-training assessment. b. Revise Certification Standards to move recertification from an annual basis to every three years to free up QA monitors so that they can begin focused monitoring of programs for quality to support changing provider practice. c. Revise initial certification requirements and re-certification requirements to require a specified number of annual ongoing professional development hours of training annually on topics related to EBPs for 0-3 learners. d. Shift Part C provider allocations from a utilization formula to one based on program performance.	a-c. Certification Standards revised and proposed. Stakeholder feedback incorporated. In the process of promulgating. These changes would: ▪ move recertification from an annual basis to every three years ▪ revise certification requirements to require all EI providers to complete EI Orientation and Core Competencies training and meet a minimum cut off score on a post-training assessment d. 15% of FFY 2018 Part C provider allocations will be based on program performance, with percentage increasing annually.
Policy: a. Parent Participation Agreement Form required for use at intake. b. Report Writing Guidelines approved and in use.	a. Parent Participation Agreement Form developed, approved, and now required. b. Guidelines for the Developmental Evaluation Report included in policy update and in Report Writing training. Sample evaluation report in the process of being created to use for training and TA purposes.

Knowledge:	
a. First Connections' Web site to include useful information for parents and providers b. Child Find plan to increase number of children 0-1 and 1-2 referred for early intervention. c. "Re-market" the program to educate referral sources on mission and principles of early intervention, parent role in early intervention, and the benefits of natural environment practices.	a. First Connections' Web site launched and fully operational; includes Parent and Provider sections with information. b. Child Find plan approved by AICC and by OSEP – beginning implementation of plan. c. Revised EI Orientation for public/referral sources in use to "re-market" the program to educate referral sources on mission and principles of early intervention, parent role in early intervention, and benefits of natural environment practices.

See *Theory of Action Diagram*, p. 4.

For performance indicators to measure implementation of the strategies aligned with the ToA in the chart above, see the table *"Measuring Implementation of Strategies Focused on Infrastructure Change"* in **Section IV: Procedures and Analysis**

I: SSIP IMPLEMENTATION PROGRESS SUMMARY

Outline of Key Strategies Completed as Part of Initial Implementation

This section of the Phase III SSIP summarizes progress of initial implementation of the SSIP. Specific details on progress in implementing strategies and timelines proposed in Phase II are provided in the chart in *Appendix 4: Implementation Timelines (Phase II Compared to Phase III*).

I. Select Target (initial cohort, called Unlimited Potential Initiative, or "UP")
- A. Application Process
- B. Application Rubric
- C. Review Panel
- D. Applicant Interviews
- E. MOU with Target Sites

II. Convene Target
- A. Orientation of Target Sites
- B. Target Sites Self-Assess
- C. Target Sites Select UP Team Members for Site Leadership Team
  1. Site/Program Administrator
  2. Team Lead
  3. Internal Coach
  4. Home Visitor (s)
  5. Service Coordinator
  6. Parent (s)
- D. UP Leadership Teams Draft Initial Site Plan
- E. UP Leadership Teams Draft UP Mission Statement

III. Begin Training of UP
  1. Full Team Quarterly Workdays
  2. Full Team Monthly Calls
  3. Coaches' Monthly Training Calls
  4. Coaches' Blog Spot

IV. Individual Team Assessment Review Calls
  1. Site Self-Assessment toward Implementing Initial Site Plan
  2. UP Teams Assess Process (what's working/not working)
  3. UP Teams Assess Training Needs/Support to Move Forward

For a detailed, step by step description of beginning implementation work, a full narrative is provided in the following subsection.

Narrative of Key Strategies Completed during Initial Implementation

Key strategies of initial implementation outlined above spanned phases. Phase I analysis clearly underscored the need to begin implementation with a target group due to limited resources for state-wide initial implementation. In February of 2015 during Phase II, the Core SSIP Team with input from the SSIP Stakeholder group and Arkansas Interagency Coordinating Council (AICC) determined the method of selecting the target group of EI practitioners with whom to begin implementation. Through discussions and planning sessions with stakeholders, it was determined that "recruiting the willing" would provide the State with sites already interested in program improvement strategies and ongoing professional development to change practice. An application process for selecting the target group was identified as the fairest method of determining sites that would make up the first cohort.

In Phase II, the Core SSIP Team developed the Unlimited Potential (UP) application that was sent out to all Part C providers/provider agencies. The Core SSIP Team determined what data for measuring provider performance was available to the program for "rating" applicants and worked with members of the SSIP Stakeholder group to develop an application scoring rubric and staff an application review panel of Stakeholders outside of Part C who would review applications received and rate them using the scoring rubric.

In July 2015 during Phase II work, members of the Core SSIP Team conducted interviews with each of the UP applicants, allowing programs to elaborate on their application (which included essay questions where providers could highlight strengths that might not have been evident from data review alone). The interviews also provided opportunities for provider applicants to ask questions about the UP initiative. At the end of the interview, applicants who desired to participate in the initiative entered into an agreement with First Connections outlined in an MOU. As part of the interview process, each team was guided in an informal assessment of strengths/needs to identify training needs and support they anticipated they'd need in order to begin this work. Their identified needs from self-assessment along with program-identified needs from a review of data to determine program/provider performance in key areas such as IFSP development and service provision (timeliness of services as well as information gathered from delivered services notes[1] on a random pull of records) informed development of training.

In the fall of 2015, first and second cohort groups were convened for the Unlimited Potential Orientation. The orientation introduced the group to the Mission/Key Principles of First Connections, the purpose of the UP initiative and overview of the SSIP with a focus on the SiMR, what plans the State has to reach the SiMR, and how their teams "fit into this picture." The UP Orientation provided further opportunities for teams to ask clarifying questions and outlined "next steps."

Phase III work began by convening the first cohort of UP sites to organize and form their site implementation teams. Members of the first cohort group (the top-scoring half of applicants) participated in a team training/workday facilitated by ECTA to use ECTA tools to self-assess and begin planning. Using the ECTA tool, *Reaching Potential through Recommended Practices*

[1] "delivered services notes" are entered into the child's electronic record by the direct service provider (or therapist) and must include the time, date, and location of the service as well as the service setting/location, objectives worked on in the "session," and how the parent or other caregiver was involved and participated.

(RP²)Benchmarks of Quality for Home-Visiting Programs (Trivette and Jones), teams self-assessed whether their programs at that time (prior to training and UP work) had already implemented various critical elements of quality (and at what level). Then teams used the *Home Visiting Action Plan Birth to Three*[2] tool to determine other members from their program/provider staff that would be involved as their local implementation team (or on site leadership team) so that key roles were included and internal coaches who would provide peer coaching/mentoring were identified. The tool also assisted UP teams in determining how they'd begin implementation and how they'd communicate among UP team members as well as with program staff who were not part of the UP team, parents, and the community. In these drafts of initial site plans, teams were guided in considering how many children/families they'd begin with and how they might scale up. In a subsequent quarterly workday facilitated by ECTA, UP teams were guided in drafting a UP Vision/Mission statement that reflected their organization's values and mission but that also aligned with the purpose of the UP Initiative and with First Connections' Mission/Key Principles and broad program goals. A visual calendar of monthly full UP team calls was established with the teams for ongoing support/training between quarterly face to face workdays with the full teams.

To increase the percentage of parents who report that early intervention helped them help their child develop and learn, EI professionals would implement DEC Recommended Practices to change the way they work with parents and other caregivers to implement IFSP strategies within typical child and family activities. Self-assessment by the initial implementers identified strengths and needs which shaped the training agenda.

To support the EI practitioners in changing the way they work with parents and other caregivers, the agenda for training, technical assistance, and mentoring had to begin at a point beneficial to all involved and train, follow up, and coach foundational skills EI practitioners would need in order to be prepared to implement DEC Recommended Practices. So, 2016 was devoted to supporting the EI professionals of the target group in how to prepare parents and other caregivers to engage as equal members of the IFSP team and in the child's early intervention.

In quarterly workdays facilitated by ECTA, UP teams:

- watched a live demonstration of a FC Family Assessment conducted by an external coach who interviewed a parent volunteer (using the assessment tool) so that UP teams could work together to write functional goals based on what the parent shared
- used a simplified outcome rating tool to rate the quality of IFSP outcome statements (both goals and objectives) and practiced using the tool to rate their own and their peer's submitted work
- shared redacted results of an assessment conducted with "other caregivers" at a child's childcare and the IFSP outcomes generated from the other caregiver assessment so that teams again rated the IFSP outcome statements for quality using the simplified tool
- showcased a redacted IFSP their team developed and presented it to their CoP peers to explain how their team developed their showcase IFSP with the family as well as how their team would work with the family (within a typical family activity) to help the parent/caregiver learn to implement IFSP strategies to reach one of the goals on the child's and family's IFSP showcased

[2] a copy of the *Home Visiting Action Plan Birth to Three* is located in Appendix 5 / A

UP teams worked together with support from external coaches and the ECTA TA/Training Facilitator to "remarket" EI (one of the Theory of Action areas). Teams learned different ways to describe early intervention. Teams practiced explaining early intervention as a system of supports to increase caregiver capacity to help their child develop and learn so that, at initial contacts with families, families better understood their role as an active participant in their child's early learning and not a passive recipient of clinical "therapy" services. Teams used the new Parent Participation Agreement at intake as part of ongoing conversations about the family's role in early intervention.

Between quarterly face to face workdays, monthly Web-based trainings (live) with the full team cut down on the travel time for busy EI providers, provider program administrators, and service coordinators while still allowing for brief, targeted, and interactive training between face to face workdays. The monthly "Web calls" provided opportunities to informally assess teams' progress as well as assess their impression of the process by touching base with teams to ask what's working and what's not working each month. Information gained from these informal assessments shaped the work to support the teams in beginning implementation. Topics for Web-based trainings included:

- Natural Environment Practices and Principles
- Team discussion of the National Inclusion Webinar
- Introduction to Routines-based Early Intervention
- Paradigm Shift to a Parent-Professional Partnership
- Introduction to Family Assessment practices and Assessing Other Caregivers
- Writing Functional IFSP Outcomes Using the Results of Family and/or Caregiver Assessment

Training topics for face to face workdays as well as Web-based training were determined based on UP team members' request for information, teams' self-assessment of needed support/training, and needs identified by the First Connections administration and ECTA TA/Training Facilitator. Every time a new skill was introduced and then trained, the UP teams had "homework" in which they'd put the skill into practice in their work with families and bring results back to share with the full group. At the end of the first year of training, when teams were asked to report on "what worked" in supporting their learning, "carryover activities" was identified as especially effective in going beyond "increased knowledge" to support change of practice.

A short-term outcome was for teams to gain useful information from parents and other caregivers (through the assessment) and use this information to develop meaningful IFSPs based on caregiver needs, interests, and resources. An example of how training supported UP Teams in reaching this goal is how assessment was introduced in a brief, targeted Webinar then expanded upon up in a face to face workday that included a demo and then followed up with "Putting it into Practice" activities that were reviewed and rated as follows.

Teams were re-introduced to the FC Child & Family Assessment[3] tool in a Web training that went beyond ***how*** to complete the assessment to explain ***why*** this tool is used. The Web training went one

[3] The FC Child & Family Assessment is administered via family interview with an established interview protocol. The tool is adapted from *Asset-Based Context Matrix*. Linda L. Wilson & Donald W. Mott. Family, Infant and Preschool Program, 2002.

step further to explain that this information doesn't go into a file of required paperwork but that the information gathered from the family and other caregivers is used with the family to develop an IFSP based on the things they do, the things they want to do, and the people, things, and places typically involved. The Web training was followed up with a face to face workday where UP teams watched a live demonstration of a family assessment in which an external coach completed the FC Child & Family Assessment tool with a parent volunteer. After the demo, the teams got busy using information gathered from the parent to work together at their tables in peer groups to write functional IFSP goals and objectives based on what the parent shared was important, typical, or desired. Teams then shared with the full group for feedback and had the opportunity to improve their work based on peer feedback and feedback from the external coach and ECTA TA/Training Facilitator.

The "Putting it into Practice" assignment for this skill was for each team to conduct the FC Child & Family Assessment (with a family member) and use information gathered from a parent to create a functional IFSP based on family concerns, priorities, and resources. The team-lead redacted personal information from the IFSP and sent it to the external coach who put the information into slides for the next training. This skill was reinforced in the next training as teams viewed assessment information followed by the child and family outcomes created from the assessment information. After reviewing assessment information and the outcomes created with the family, all members of the initial cohort group used a simplified outcome quality rating tool to rate the quality of IFSP outcomes submitted by their team and the other three teams. Using the tool to rate the quality of IFSP outcomes (their own and others) was where the light bulb came on for many in the group, and feedback from the UP Teams identified a need for a better way of gathering useful information from childcare providers.

When teams identified a need for a way to gain information about a child's functioning in a childcare setting to share with the family and their IFSP team in order to create meaningful goals and objectives for children seen in a community-based setting, an infrastructure change resulted from the UP Teams' identified need. The FC Other Caregiver Assessment Tool, a modification of the FC Child & Family Assessment, was created. With the creation of a "new tool," the training agenda was modified to include training the teams in using the FC Other Caregiver Assessment. Training in using this tool followed the same pattern as the earlier training in family assessment: complete an assessment with a childcare provider, use the information with the care provider and parent to create meaningful goals for the child seen in a daycare setting, bring the results back to share with the whole group, use the simplified rating tool to rate goals/objectives for quality, provide and receive feedback from peers, external coach, and the ECTA TA/Training Facilitator.

Subsequent work in IFSP development writing high quality, functional child outcomes seemed easier for the team members and resulted in higher quality ratings (see data on IFSP Quality Ratings in the *Short-Term Outcomes* and *Long-Term Outcomes* subsections of **Section II: Evaluating implementation of the SSIP** and in *Appendix 1: IFSP Quality Rating Data*).

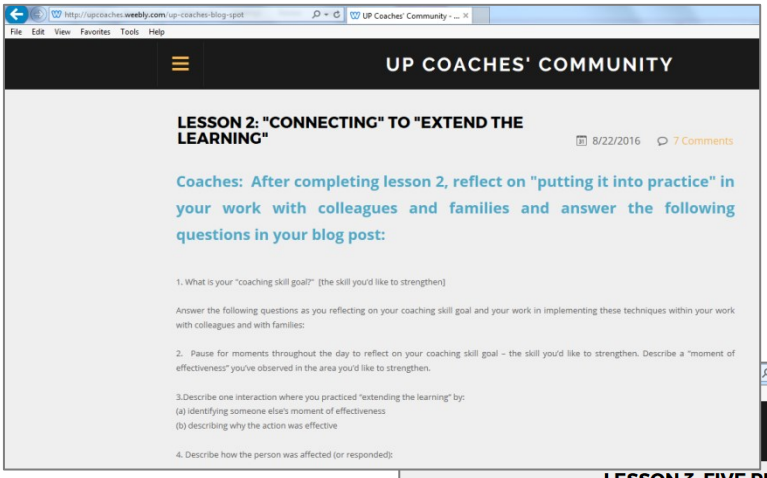
While training in DEC Recommended Family Practices and using results of family assessment information to create functional IFSPs that address family priorities was underway[4], training began with each site's internal coaches and coaches external to these programs. Though selected by their

[4] See Appendix 2: *Specific DEC Recommended Practices Aligning with SSIP Outcomes*

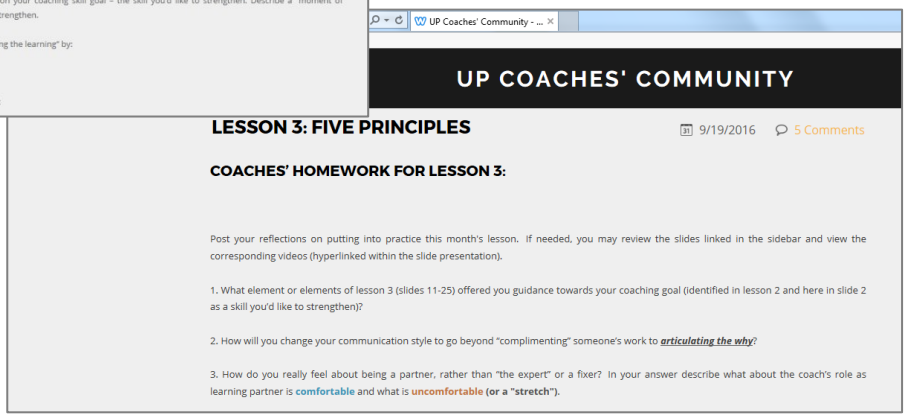
peers for their experience as an EI professional and their ability to encourage, model, and lead, most of the internal and external coaches had little formal experience in peer mentoring/coaching. To support internal and external coaches in providing peer coaching/mentoring, monthly Webinars on using *Powerful Interactions*[5] methods of coaching provided information, material, and video clips on effective communication and collaboration needed to highlight the moments of effectiveness another practitioner exhibits to encourage and support the practitioner in expanding on the effective practices they're already using in a strengths-based, empowering approach.

Monthly Coaches Web Calls with internal and external coaches helped internal coaches learn how to modify their "coaching stance" to highlight areas of competence in their professional colleagues and communicate why a particular action was effective in supporting parents in helping their child develop and learn. After learning how to highlight moments of effectiveness in their colleagues, coaches learned how to extend the learning through intentional, purposeful communications with colleagues about how they might use the effective strategy being discussed in other situations to reach their professional goals. Coaches learned how "modeling matters" and that when they are able to put the Powerful Interactions Coaching Principles into practice in their communications with peers, their colleagues will be more likely to use these coaching principles in their work with parents and other caregivers.

At the end of each lesson, coaches were challenged to "Put it into Practice." In the weeks between Coaches Calls, coaches practice the new skill and self-reflect on their experiences and ability to put each new skill into practice by answering guiding questions in the UP Coaches blog at http://upcoaches.weebly.com/up-coaches-blog-spot.



The reflections of coaches provide informal data that demonstrates progress in training coaches but that also can be used by the State to support coaches in mentoring their professional peers.



[5] Dombro, Jablon, Johnsen and Ensler. *Powerful Interactions*, 2015. < http://www.powerfulinteractions.com>.

While the beginning implementation work of the State to support EI programs and providers in implementing EBPs to improve child and family outcomes primarily involves the work with the target group of Unlimited Potential sites, other activities were carried out simultaneously to develop infrastructure, to "remarket the program," and to change the way in which the First Connections program carries out Quality Assurance activities to monitor and support local programs. Additional activities carried on as part of SSIP implementation but not directly related to the Unlimited Potential Initiative are outlined in the *SSIP Activities Related to Aspects of the State System Changed as a Result of Coherent Improvement Strategies* section of the Introduction/Overview of this report ***(above)***.

II: EVALUATING IMPLEMENTATION OF THE SSIP

Procedures to Evaluate Implementation and Outcomes of the SSIP

"What would successful initial implementation 'look like?'" and "What would successful scale up 'look like?'" were questions that the Core SSIP Team with input from stakeholders, national TA partners, and the Community of Practice formed by the initial implementation teams of the Unlimited Potential (UP) initiative had to consider in order to determine outcomes or goals and to define methods of measuring progress.

Ultimately, long-term "progress" would "look like" reaching the SiMR – a Part C network where all EI providers were capable of and comfortable in implementing EBPs (with fidelity) to work effectively with caregivers to coach the child's primary adults in maximizing naturally occurring learning opportunities so that parents and other caregivers felt supported in helping their child develop and learn.

But what would progress toward plan implementation "look like" when initial implementation with a small target group would not move the needle in Family Outcomes data or Child Outcomes data? How does a state identify progress in plan implementation when initial implementation moves more slowly than planning teams originally anticipated and, at times, seems to "back up" to address aspects unidentified in the initial planning process?

Work with the target group of Unlimited Potential sites and the self-assessments of this new Community of Practice informed decisions about short-term outcomes. To determine short-term goals, those involved in the initial work had to consider "what things would have to happen to get from where we are now to reach the SiMR?" This section of the Phase III SSIP details progress in beginning the work with the target group, the Unlimited Potential initiative and the short and long-term outcomes defined for plan implementation as well as methods of determining when each outcome has been met.

For FFY2015 data as it relates to implementation of the SSIP, see *Appendix 3: FFY2015 Data and Progress toward the SiMR.*

Short-term Outcomes

Short-term outcomes are the goals that, when met, would demonstrate that initial implementation has occurred and would include a short-term method of determining if what has occurred has been successful. Short-term outcomes or goals of initial implementation include:

(a) Initial cohort (target) formed
(b) Intensive team training initiated
(c) Improved IFSP quality ratings of target

Why are these steps important? How do these steps in early implementation move the State forward toward reaching the SiMR? A State has to start somewhere -- forming the target and training the target are pre-requisites to any sort of scale up – the necessary first step.

For information about how these outcomes align with the Theory of Action, see *Evaluation Related to Theory of Action* in the **Introduction** of this report.

(a) Initial Cohort (Target) Formed:
This short-term outcome was met when the target was formed and organized. An intermediate outcome contingent upon forming the target is the addition of a second and subsequent cohorts as part of gradual scale up. Data demonstrating that this short-term outcome was met in a meaningful way includes:

- Memorandum of Understanding with each UP Team in the first cohort group
- Initial Implementation Plan created by each UP Team in the first cohort group

(b) Intensive Team Training Initiated:
Initial implementation of the SSIP focuses on training the target (four teams) in implementing EBPs which will change practice to improve outcomes for families and children. Intermediate and long-term scale up goals are contingent upon the success of this short-term outcome. Data demonstrating that training has begun with the target group in a meaningful way includes:

- UP Training Calendar
- Sign in sheets from each training
- Materials from each training
- Team submissions from putting new skills into practice:
  -- Redacted family assessments
  -- Redacted "other caregiver" assessments
  -- Redacted IFSPs
  -- Reflective blog posts
- Assessment of Team Progress (self-assessment and assessment by program)

(c) Improved IFSP Quality Ratings (of target):
A short-term goal of training the target group is that these teams would learn and develop a new skill and be able to put that skill into practice to develop (with families) more functional IFSPs that are meaningful and useful for families.

Why is this short-term goal important for the State to reach the SiMR? Well, in order for families to gain from their EI professionals an enhanced ability to support their children's early learning and development (SiMR), families participating in early intervention need a plan that is meaningful and useful for them to implement. IFSPs that families can use would be plans created based on what the family wants to do, needs to do, usually does, and include typical family activities and materials as well as other people involved in the child's life. Training EI practitioners in gathering relevant information from families, preparing families to participate in the EI process, and using family

priorities to develop a functional IFSP with families is a critical first step to supporting families in promoting their child's early learning and skill development (SiMR).

Later implementation of EBPs that focus on the EI provider coaching parents and other caregivers in implementing IFSP strategies are contingent upon IFSP teams working with parents and other caregivers to develop plans that are meaningful to families and that incorporate strategies into typical child and family activities using the materials, people, and places available to the family. Reaching this short-term outcome is a critical first step in changing the way EI practitioners work with families and other caregivers.

The short-term goal of improved IFSP quality ratings in the target group is also associated with changes in the way parents and other caregivers engage early in the EI process (working with their IFSP team to develop a plan that reflects their priorities and goals) and DEC Recommended Family Practices to change practice to reach the SiMR. The DEC Recommended Family Practices are collaborative, family-centered practices that build family capacity to advocate for their child and support the development of their child. For specific information on which DEC Recommended Practices align with this outcome, see *Appendix 2: Specific DEC Recommended Practices Aligning with SSIP Outcomes.*

But how will the State know when this outcome has been met? The Core SSIP Team looked at 2015 and 2017 Average IFSP Quality Ratings for the State as a whole (excluding the initial cohort or target group) and determined that "improved IFSP quality for the target" would "look like" scores that either reached "high quality" or nearly reached "high quality." This outcome was defined as IFSP quality ratings between 30-35 on the FC IFSP-OAT tool ("high quality" range is 32-51).

Data used to demonstrate improvement in IFSP quality rating of the initial cohort group compares the quality ratings of recently developed IFSPs of the initial cohort to those of the state as a whole (excluding the UP sites). The average IFSP quality rating for the UP Teams was significantly higher (+25 points) than the statewide overall quality rating average. Moreover, IFSP quality ratings of the initial cohort exceeded the initial target set for the UP sites (30-35).

IFSP Quality Ratings: Initial Cohort Average Compared to Statewide Average

2017 Initial Cohort (UP) Average IFSP Quality Rating (Initial Cohort)	2017 Average IFSP Quality Rating (State Excluding UP)	2015 Statewide Average IFSP Quality Ratings (Baseline -- Prior to Identification of UP)
40.5	**15.24**	**17.96**

IFSP quality ratings data demonstrates that the initial training of the target group to develop the skill of functional IFSP development based on family-identified priorities, resources, and activities has been successful. This data can also be seen as an early measure of progress toward the SiMR.

For more detailed information on how IFSP Quality Ratings were collected and analyzed, see *Appendix 1: IFSP Quality Rating Data*. To view the FC IFSP-OAT tool, see *Appendix 5 / B: FC IFSP-OAT*.

Long-term Outcomes

A long-term goal of plan implementation is continuing the work and gradual scale-up. With implementation of the SSIP still in its infancy, the ability to measure long-term outcomes is still some time off. Nevertheless the Core SSIP team with input from stakeholders and national TA partners considered long-term goals both in the planning (Phase II) as well as in the early implementation work of Phase III.

Long-term outcomes to ensure that progress in ongoing implementation of the plan is happening would include:

(a) Scale up (more cohorts formed and trained)
(b) UP teams implementing EBPs with fidelity

(a) Scale Up (more cohorts formed and trained)

Outcome "a," the adding of additional cohort groups and the work with these new teams to guide them in forming internal leadership teams and drafting initial site implementation plans is how scale up is conceptualized in this plan. Data to demonstrate that scale up is occurring in a meaningful way would include:

- Memorandums of Understanding with new UP Teams in subsequent cohort groups
- Initial Implementation Plans created by new UP Teams in subsequent cohort groups

(b) UP Teams Implementing EBPs with Fidelity

Outcome "b" is associated with implementation of the DEC Recommended Practices to ultimately reach the SiMR. Attainment of outcome "b" will impact EI provider behavior, the way families engage in the EI process, and how the State monitors EI programs/providers for quality. As more teams are added, it will be important for the teams that are fully implementing to continue to implement EBPs with fidelity. Data demonstrating that this long-term outcome is being met would include:

- delivered services notes in the child's electronic record demonstrating how parent or other caregiver is involved in the EI service session
- coaches' checklists/assessments and notes
- Family Home Visit Ratings
- Family Interview Data
- UP team portfolios

Long-term goals associated with evidence-based practices to reach the SiMR require changes in EI professionals' practice as EI practitioners implement EBPs with fidelity. Long-term outcomes to reach the SiMR also require changes in the way parents and other caregivers are included, involved, and engaged in early intervention. In addition to outcomes "b" above, other long-term outcomes or goals associated with evidence-based practices to implement the SSIP in order to reach the SiMR include:

(c) Improved IFSP quality ratings across the state
(d) More children receive early intervention in their natural environment
(e) Families report that EI helped them help their child develop and learn (SiMR)

(c) Improved IFSP Quality Ratings across the State:
Improved IFSP Quality Ratings in the ***target group*** is a short-term outcome. Improved IFSP quality ratings ***across the state*** is a long-term goal necessary to change the way teams involve parents in the IFSP process and in how teams engage parents and other caregivers in their child's early intervention – steps needed to reach the SiMR. This goal ties into DEC Recommended Family Practices which build family capacity to support their child's early learning. Improved IFSP quality ratings across the state demonstrates progress in implementing the plan but also supports the Part C program in moving toward reaching the SiMR by demonstrating that the trained teams are continuing to work effectively with parents to develop useful, functional, meaningful plans which form the basis of quality work with families and other caregivers. Data to demonstrate that this outcome is met includes:

- IFSP Quality Ratings of Trained Teams in the "High Quality" Point Range
- IFSP Quality Ratings of Trained Teams Higher than those of Untrained Teams
- State Average IFSP Quality Ratings Year by Year Comparison Shows Increase

A benefit of using IFSP quality rating data is the ability to analyze data by region and by individual programs to identify areas or programs in need of assistance/targeted TA.

For more information about how IFSP Quality Ratings are collected and analyzed, see *Appendix 1: IFSP Quality Rating Data*. To view the FC IFSP-OAT tool, see *Appendix 5 / B: FC IFSP-OAT*.

(d) More Children Receive Early Intervention in their Natural Environment
A long-term outcome necessary to reach the SiMR is for EI practitioners to work with parents and other caregivers using their own materials and activities so that caregivers are given support to improve functional child behavior and participation within home and community activities. Children receiving services in the natural environment and within typical activities is not only a federal requirement for Part C programs but is also an evidence-based practice. Data used to measure progress in increasing the percentage of EI services provided in natural environments will be the data reported federally in the APR/SPP for Indicator 2. A meaningful measure defined by the State is that 95% (or more) of children served by the target group are served in their natural environment.

(e) SiMR -- Families report that EI helped them help their child develop and learn
This long-term outcome is the SiMR. Reaching the SiMR will require changes in the way EI professionals work with parents and other caregivers and changes in the way families engage in early intervention. Data used to measure improvement in this long-term outcome will be the data reported federally in the APR/SPP for Indicator 4c. For information about other measures to assess

progress toward reaching the SiMR, see the subsection *Key Performance Indicators* in **Section III: Evaluating Progress toward the SiMR**.

For additional details/information on:

- critical evaluation questions and methods of collecting data, see **Section III: Evaluating Progress toward the SiMR** and **Section IV: Procedures and Analysis**
- benchmarks and decision points, see *Critical Benchmarks for Each Outcome to Reach the SiMR* subsection of **Section V: Moving Forward**
- timelines, see *Appendix 4: Implementation Timelines (Phase II compared to Phase III)*
- which DEC Recommended Practices align with outcomes, see *Appendix 2: Specific DEC Recommended Practices Aligning with SSIP Outcomes*
- measuring implementation of SSIP strategies focused on infrastructure change, see the table *"Measuring Implementation of Strategies Focused on Infrastructure Change"* in **Section IV: Procedures and Analysis**

III: EVALUATING PROGRESS TOWARD THE SIMR

Procedures to Evaluate Progress toward the SiMR

Knowing that reaching the SiMR is a long-term outcome that could take from 5-7 years before a substantial improvement in FFY Family Outcomes (4c) data or child outcomes data is seen, the Core SSIP Team with input from stakeholders and national TA partners identified additional methods of assessing progress toward reaching the SiMR by breaking down "what would need to happen" to get from where the State is at now to where the State would like to be. Each step is something critical to reaching the SiMR and many of these smaller steps are fairly easily measured to give the program important feedback throughout the implementation process. Key Performance Indicators were developed as a way to measure progress toward reaching short and long-term goals.

One significant early measure of progress toward the SiMR that the Core SSIP Team had not anticipated so early in the work is a marked improvement in IFSP quality ratings of the target group vs. the IFSP quality ratings of the state as a whole (excluding the target group). The substantially higher IFSP quality ratings of the target group is an exciting early measure of progress in that improving the functionality of IFSP outcomes and objectives and developing IFSPs based on the family's concerns, priorities, resources, and preferred activities is a crucial first step in changing the way EI teams work with families to support families in helping their child develop and learn.

For additional information about evaluation methods, critical questions, and timelines, see:

- **Section IV: Procedures and Analysis**
- *Appendix 3: FFY2015 Data and Progress toward the SiMR*
- *Short-Term Outcomes* and *Long-Term Outcomes* subsections of **Section II: Evaluating implementation of the SSIP**
- *Appendix 1: IFSP Quality Rating Data*
- *Critical Benchmarks for Each Outcome to Reach the SiMR* subsection **of Section V: Moving Forward**

Key Performance Indicators

While outcomes or goals are the desired results, key performance indicators (KPIs) are the standards for measuring or evaluating factors that are crucial to the reaching a specified goal. The purpose of using performance indicators is to focus attention on the tasks and processes that the Core SSIP Team, stakeholders, and national TA partners determined are critical for making progress toward reaching the SiMR.

Because some KPIs gauge abstract targets such as caregivers' engagement in early intervention, identifying indicators that the program is able to put into practice and actually measure seemed daunting. Work with national TA partners and stakeholders assisted the Core SSIP Team to narrow KPIs down to the critical steps, knowing that the Part C program has limited time, personnel, and other resources to collect and analyze data beyond that which the organization already collects for federal reporting and the work with the initial cohort (Unlimited Potential Initiative). What seemed

so complex at first began to take shape through conversations with stakeholders and in calls with other states. "Less is more:" Whittling down to the critical factors rather than attempting to focus on and measure too many different things will make it easier to focus on what really matters. Some questions that guided the work involved determining:

- What steps are critical to reach the SiMR?
- What data do we already have and how can we use that?
- How do we measure change in practice and parent/caregiver experience?
- For the data that we need and don't have, what data can we collect and analyze using existing resources?

KPIs	Description	Evaluation Question(s)	Data to be Collected and Entity Responsible for Collecting
A plan for gradual scale up	Target identified, formed, and organized. Plan for gradual scale up.	***How will we know that we are expanding the target to support gradual scale up?***	***SSIP Coordinator:*** 1. MOUs with sites joining 2. Initial Site Implementation plans with sites joining
2. Effective training of UP teams	Training and coaching by peer mentors that changes practice.	***Are teams able to do what they've been trained to do?*** ***Is provider practice changing?***	Use of tools to measure change of practice: ***SSIP Coordinator:*** 1. FC IFSP-OAT (IFSP quality) ***UP CoP:*** 2. Home Visiting Checklist[6,7,8] 3. Provider Portfolio
3. IFSPs are high quality	(within target group of trained teams) Functional IFSP reflects parent's priorities, resources and child/family activities and interests and is written in family-friendly language.	***Do IFSPs reflect parent priorities, family interests?*** ***Are IFSPs written in family-friendly language?*** ***Are IFSP outcomes written functionally?***	***SSIP Coordinator:*** IFSP quality ratings using FC IFSP-OAT tool: 1. Pre and Post ratings within target 2. Comparison of IFSP quality ratings between providers in target and those outside of target.
4. Children served in their natural environment	Providers work with parents/caregivers within typical child activities.	***Are fewer EI services provided in outpatient clinic settings?*** ***Are caregivers not only present but also involved in the EI session?***	***Part C Coordinator:*** 1. Indicator 2 Natural Environment Data ***UP CoP:*** 2. Home Visiting Checklist[6, 7, 8] / Childcare Visiting Checklist 3. Delivered Services notes in child record describing how parent/caregiver is involved

[6] Home Visiting Checklist based on the Benchmarks of Quality for Home Visitors (Trivette and Jones)

5. EBPs implemented with fidelity	EI providers of the UP trained and fully operational to implement the DEC Recommended Practices in their work with families and other caregivers.	***Are EI providers able to do what they've been trained to do?*** ***Are EI providers using the DEC Recommended Practices in their work?***	***SSIP Coordinator:*** 1. IFSP OAT ratings ***UP CoP:*** 2. Home Visiting Checklist[6, 7, 8] 3. Childcare Visiting Checklist 4. Delivered Services notes in child record describing how parent/caregiver is involved
6. Parents are supported in helping their child develop and learn	Parents are engaged in their child's early intervention learning from EI practitioners how to implement IFSP strategies to maximize natural learning opportunities to support their child's early learning and development.	***Are parents able to implement IFSP strategies?*** ***Do parents feel supported in maximizing naturally occurring learning opportunities to support their child's early learning and development?***	***UP CoP:*** 1. Home Visiting Checklist[6, 7, 8] 2. Family Self-assessment Rating (tool like the EIPSES, or other) ***FC QA/Monitoring Unit:*** 3. Parent Interviews ***Part C Coordinator:*** 4. Family Outcomes (4c) Data (compared year to year)
7. Improved child outcomes	Children learn new skills in each of the outcome areas.	***Are children showing improvement in each of the outcomes areas?*** ***Are children gaining functional skills?***	***Part C Coordinator:*** 1. Child Outcomes Data (compared year to year) ***FC QA/Monitoring Unit:*** 2. Parent Interviews

For performance indicators to measure implementation of other SSIP strategies aligned with the ToA focusing on infrastructure development, see the table *"Measuring Implementation of Strategies Focused on Infrastructure Change"* in **Section IV: Procedures and Analysis**.

Methods of Communicating Information

Information about progress toward reaching the SiMR as well as progress in plan implementation is shared with the public and the Arkansas Interagency Coordinating Council (AICC) in the lead agency report at quarterly AICC meetings and in the *SSIP Update* quarterly newsletter.

Information about plan implementation is shared with the initial implementers forming the UP Community of Practice in the quarterly *UPdate* newsletter. Updates are also communicated outside of the CoP in the quarterly EI provider newsletter *Connections*. Annually, the APR/SPP and the SSIP provide data and comprehensive information regarding progress.

Resources to Assist with Data Collection and Analysis

Arkansas developed the SSIP evaluation plan with existing resources in mind so that the State could focus on the work of implementation without being overtaxed with data collection and analysis,

thereby using limited resources to their maximum capacity. The SSIP evaluation plan was developed to use the State's strengths. Strengths in the State's ability to collect and analyze data include a state-wide comprehensive Web-based data system (CDS) that collects data on all of the federal indicators, a creative staff accustomed to "making do with what we have," and data-specific support and assistance from IDC.

Involving the EI practitioners of the target group (UP Community of Practice, or CoP) in collecting and analyzing data will not only reduce the burden on State staff but also help the implementation teams understand their data and how their data reflects their progress and how to use results of their data to inform their practice.

IV: PROCEDURES AND ANALYSIS

Methods of Evaluating Key Outcomes

A: Performance Indicators to Measure Plan Implementation: How will we know the activity happened according to the plan?

Performance Indicators	Measurement/Data Collection Methods	Timeline
Select Initial Implementation Sites (initial cohort, called Unlimited Potential Initiative, or "UP")	▪ Application was developed and used to solicit interest from provider teams ▪ Process to review and select applicants included a rubric and panel made of panelists not related to First Connections ▪ Selected providers were invited for interviews following selection to review requirements and entered into a memorandum of understanding	**2/2015 – 7/2015**
Prepare teams for work as an implementation site	▪ Initial sites participated in orientation ▪ Initial sites completed self-assessments ▪ Site leaders selected team members ▪ Site teams developed an initial plan of action ▪ Teams developed Team Mission Statements that are aligned with State SiMR	**10/2015 – 3/2016**
Begin Training of Implementation Sites (UP Teams)	▪ Reviewed assessments and developed initial content ▪ Selected model for coaching, prepared external coach(es) and assembled materials ▪ Established schedule of training and follow-up activities ▪ Training logs for face to face training and training webinars ▪ Established a communication and support mechanism for coaches ▪ Prepared sites for internal coaching and established a schedule of coaching calls with internal coaches ▪ Provided training on content and processes ▪ Conducted ongoing evaluation of training ▪ Continually conduct assessment of needs for training and support	**10/2015 – 3/2016** **7/2016 – present**
Provide Technical Assistance to Implementation Sites	▪ Teams participated in individual site reviews of action plans ▪ Teams participated in problem solving sessions (what's working/not working) ▪ Teams participated in continuous improvement – training evaluation and identification of additional training needs	**12/2016** **Monthly 3/2016 through present**
Select additional teams/participants for training in evidence based practices	▪ Identify participants for phase 2 of training ▪ Provide overview of intended First Connection Goals ▪ Provide initial orientation ▪ Identify internal coaches to support implementation ▪ Initiate training	**9/2016-12/2016** **2/2017** **2/2017**

For information on timelines, see *Appendix 4: Implementation Timelines (Phase II compared to Phase III.)*

B: Evaluation Questions to Assess Progress toward the SiMR: How will we know intended outcomes are met?

Type of Outcome	Outcomes to reach the SiMR	Evaluation Questions	Measurement/Data Collection Method	Timeline (projected initiation and completion dates)
Short term	**Teams conduct functional assessments with families and primary caregivers to identify priorities**	*Can teams participating in training demonstrate ability to conduct family assessments?* *Do priorities from participating teams reflect family interests and concerns rather than therapy-specific language?*	FC Child & Family Assessment Parent Participation Agreement IFSP quality rating tool	initiated: 6/2016 completed: 12/2016
Short term	**Teams develop functional IFSP outcomes and provide support to families and caregivers within everyday routines**	*Are IFSP goals functional?* *Do IFSP outcomes refer to everyday routines with primary caregivers?*	IFSP quality rating tool	initiated: 6/2016 projected completion: 6/2018
Inter-mediate	**Improved IFSP quality ratings across the state**	*Do the ratings for participating teams show significant improvement in scores compared to state percentages?*	IFSP quality rating tool	initiated: 10/2016 projected completion: 3/2020
Inter-mediate	**More children receive early intervention in their natural environment**	*Are EI services provided within the home and community-based programs with typically developing children?*	Child count and settings data Delivered services notes	projected initiation: 7/2017 projected completion: 7/2020
Inter-mediate	**Families and caregivers receive more support to help their children achieve goals**	*Do families report that intervention supports their concerns and priorities?*	**Home Visiting Checklist** [6,7,8] Family interviews and survey	initiated: 1/2017 projected completion: 7/2018
Long term	**Families and caregivers are confident and able to support their goals for their children**	*Do families and caregivers report that intervention has contributed to their confidence that they can support their children?*	Family goals on the IFSP Family interviews and survey	projected initiation: 7/2017 projected completion: 7/2020
Long term	**Families report that EI helped them help their child develop and learn**	*Do an increased number of families report that EI has helped them help their child develop and learn?*	Family survey	projected initiation: 7/2017 projected completion: 7/2022

[7] Home Visiting Checklist based on the Benchmarks of Quality for Home Visitors (Trivette and Jones)

Methods of Evaluating Other SSIP Activities from the ToA

The First Connections Theory of Action graphic representation (p. 4) illustrates the interrelated nature of four broad improvement areas (based on infrastructure areas or system components) to visually represent the inter-relatedness of strategies to reach the SiMR to ultimately improve outcomes for children with disabilities.

Strategies specifically focusing on work with the initial cohort group of early implementers (Unlimited Potential Initiative) are outlined in the section above *Methods of Evaluating Key Outcomes* (tables A and B). Performance Indicators to measure implementation of other SSIP strategies focusing on infrastructure change to support the work are detailed in the table below:

Measuring Implementation of Strategies Focused on Infrastructure Change

Type of Outcome	Performance Indicators for activities (grouped by areas indicated in the ToA diagram, p.4):	Data Collection Methods or Method of Evaluating
	Training (outside of initial cohort):	
Short term (12/2017)	▪ EI Orientation training developed as a Web-based training.	▪ Record of individuals that completed the Web-based EI Orientation training.
Short term (12/2017)	▪ Core Competencies training scheduled bi-annually.	▪ Sign-in sheets from Core Competencies trainings demonstrate training occurs bi-annually.
Short term (12/2017)	▪ Report Writing Training updated to reflect guidelines identified in the "Policy" section (below).	▪ Individuals completing Report Writing training meet the cut-off score on an end of course assessment that includes questions related to report guidelines.
	Quality Assurance & Monitoring:	
Short term (1/2018)	▪ Core Competencies training required for initial certification and for renewal.	▪ Individuals completing the Core Competencies training meet the cut-off score and submit certificate as part of certification requirements.
Short term (1/2018)	▪ Certification requirements require a specified number of annual ongoing professional development hours of training annually on topics related to EBPs for 0-3 learners.	▪ Provider documentation of annual PD demonstrates completion of a specified number of hours related to EBPs for learners 0-3.
Short term (7/2017)	▪ Programs/Providers recertified every three years.	▪ Programs/providers are recertified every three years.
Intermediate (12/2018)	▪ QA provides focused monitoring of programs for quality to support changing provider practice.	▪ QA Focused Monitoring reports. ▪ 15% of FFY 2018 Part C provider allocations

Short term (7/2017)	▪ Part C provider allocations determined in part based on program performance.	will be based on program performance, with percentage increasing annually.
	Policy:	
Short term (7/2017)	▪ Policy reflects Parent Participation Agreement Form required for all eligible and participating families.	▪ Policy reflects requirement. ▪ Signed Parent Participation Agreement Form uploaded into data system as part of each child's record.
Short term (7/2017)	▪ Policy reflects guidelines for evaluation reports.	▪ Guidelines for the Developmental Evaluation Report included in policy update and in Report Writing training.
	Knowledge:	
Short term (12/2017)	▪ First Connections' Web site has a section for Parents and for EI Providers.	▪ Survey of parents and providers to identify whether or not the FC Web site information is useful.
Short term (12/2016)	▪ First Connections' materials updated to include Web address.	▪ Key program materials include the program's Web address.
Intermediate (12/2018)	▪ More parents, providers, referral sources access the FC Web site for information.	▪ Analysis of Web site traffic. Survey of referral sources.
Intermediate (12/2018)	▪ Updated FC materials are disseminated by referral sources	▪ Survey of referral sources.
Long-term (12/2019)	▪ Parents have a better understanding of their role/parent engagement in early intervention.	▪ Parent survey. Increased # of signed Parent Participation Agreements in child records.
Long-Term (2/2020 before 2018 data in APR begins to show improvement)	▪ An increased number of children 0-1 and 1-2 are referred for early intervention.	▪ 618 data (reported in APR 2/2020) shows an increase in percentage of children referred 0-1 and 1-2.

see *Theory of Action Diagram*, p. 4.

V: MOVING FORWARD

Decision-Making Based on Data, Outcome Attainment, and Input of Stakeholders

The State will assess progress both in plan implementation as well as progress toward reaching the SiMR at regular intervals in order to make data-informed changes to the SSIP activities and strategies. Assessing progress in short cycles supports the Core SSIP Team in determining what's working and what's not working. Attaining or failing to attain short-term outcomes provides information useful to support the State in modifying approaches to ensure success. Since systemic improvement work is not only new to the EI providers on the initial implementation teams but also to the state, the process of learning together with the implementation teams is critical in supporting the state in creating a sustainable effort that will support scale up. EI professionals of the initial implementation teams are a Community of Practice, key stakeholders in the process who provide valuable insight and information that informs decision making.

Forming and organizing the target group and initiating intensive training with the target provided useful information to the Core SSIP Team that will inform future decision-making. In this first phase of implementation, one of the four teams of the target experienced difficulty in assembling a complete internal (or site) leadership team which resulted in difficulty in developing and implementing an initial site implementation plan. The Part C program learned important information that will shape ongoing implementation as new cohort groups are added. Being able to identify which team configurations are likely to need additional assistance will shape decision-making on the part of program administration, guiding the Part C program in making difficult decisions in whether or not a team can advance with their original cohort or roll back to start over with the incoming cohort.

Other decisions will be made by soliciting feedback from this new Community of Practice -- the initial implementation teams. The EI professionals on these teams have a significant stake in the work, having invested time and resources to participate as well as the willingness to take risks and try new things. These individuals report at each meeting what's working/not working (in the program's work with them - training and communication) and what's working/not working in their own attempts to implement the new skills they're learning in their work with children, families, and childcare providers. Their ideas from the field will be valuable in expanding current goals. For example, as the long-term goal of more children receiving early intervention in their natural environment is reached, this team may be able to assist in finding ways to go beyond monitoring and measuring "service setting" to determine ways to measure if natural environment practices are occurring for children seen in home and community settings. Additional activities may be incorporated into the plan in the future based on feedback from the early implementers and other stakeholders. One such activity suggested by the initial implementation teams is to change the IFSP form and structure to better align with OSEP Child Outcomes areas. Though the suggestion could support IFSP teams further in developing functional IFSPs and potentially improve child outcomes and is of great interest to the program, funding for a major change in the Comprehensive Database System (CDS) makes this strategy not feasible at this time.

As the implementation cycles bring the Part C program closer to attaining intermediate and long-term outcomes such as UP Teams Implementing EBPs with Fidelity, decisions will be made with the

input from the Unlimited Potential Community of Practice about how to showcase their work to improve buy-in among non-implementing EI providers and programs, referral sources and other community programs outside of EI, and families involved in early intervention. Currently, the Part C program releases a quarterly *SSIP Update* newsletter to inform stakeholders and the public about progress in implementing the plan and has developed an *UPdate* newsletter for quarterly distribution among UP members. When teams are fully operational, implementing EBPs with fidelity, the program may enlist the help of the members of the initial implementation teams to record brief video clips to demonstrate local EI teams' work with families and children to link on the Part C program's new Web site.

Critical Benchmarks for Each Outcome to Reach the SiMR

Short, intermediate, and long-term outcomes to reach the SiMR, discussed also in the previous section of this report, will be assess in an ongoing fashion to ensure that teams are continuing to implement evidence-based practices as new teams are added. To make data-based decisions, the State has identified key decision points within each outcome to reach the SiMR and identified what actions can be taken at those key points if progress toward reaching each specific outcome has not been achieved satisfactorily. The following chart takes the outcomes to reach the SiMR from Section 4/B and provides benchmarks for each:

Critical Benchmarks for Each Outcome to Reach the SiMR

Outcomes to reach the SiMR	How Will We Know the Intended Outcome Was Achieved? (Performance Indicator)	Measurement/Data Collection Method	Benchmarks (Decision Points)
Teams conduct functional assessments with families and primary caregivers to identify priorities	Teams demonstrate ability to conduct functional assessments	FC Child & Family Assessment Parent Participation Agreement IFSP quality rating tool	Teams bring redacted samples of Family Assessment for review (bi-annually). When Family Assessments fail to meet quality guidelines, teams participate in analysis/assessment, identify needed support, and create a "corrective action plan" to reach this goal.
Teams develop functional IFSP outcomes and provide support to families and caregivers within everyday routines	Assessment summaries are specific to family concerns	IFSP quality rating tool	IFSP Quality Ratings gathered and analyzed annually (Jan-March) to compare the target with the state as a whole. Teams not developing IFSPs meeting quality rating cut off score are convened to participate in data analysis/quality assessment to determine needs for additional support. Teams create a "corrective action plan" to reach this goal.
Improved IFSP quality ratings across the state	IFSPs use family-friendly language, typical activities, and less references to therapeutic interventions	IFSP quality rating tool	IFSP Quality Ratings gathered and analyzed annually (Jan-March) to assess the state as a whole. IFSP ratings not meeting the cut off score signal a need to provide intensive TA and/or additional support to the provider and/or area of the state not meeting this goal.

More children receive early intervention in their natural environment	IFSP outcomes are functional and indicate the family/caregiver role in meeting the outcome	Child count and settings data Delivered services notes IFSP quality rating tool	Annual analysis of settings data (Natural Environment data) demonstrates that most children receive EI in their natural environment. When this data fails to reach the cut off score, this data will be compared to IFSP Quality Ratings data to determine if IFSPs are created functionally (meeting previous goals).
Families and caregivers receive more support to help their children achieve goals	EI practitioners provide coaching and consultation to primary caregivers	**Home Visiting Checklist** [6,7,8] Family interviews and survey	Bi-annual analysis (Jan/June) of Home Visiting Checklist[6,7,8] submitted by UP Teams demonstrate home visitors are implementing focus DEC RPs for working with caregivers. When checklists do not demonstrate implementation with fidelity, Teams not meeting cut off score are convened to participate in data analysis/quality assessment to determine needs for additional support. Teams create a "corrective action plan" to reach this goal. Annual analysis of 4c data demonstrates an increase in percentage of parents reporting that EI helped them help their child develop and learn.
Families and caregivers are confident and able to support their goals for their children	Fewer children receive clinic-based services	Family goals on the IFSP[9] Family interviews and survey	UP Teams submit redacted IFSPs bi-annually to determine absence or presence of family goals on IFSP. When not present and/or not meeting quality standards, teams not implementing are convened to analyze/assess to determine the root cause and their need for support to reach this goal, creating a "corrective action plan" to reach the goal. Annual (April-June) assessment of provider-specific settings data (NE data from 618/Child Count) for determination of Part C allocation will identify specific programs/providers needing intensive TA and/or other support to reach this goal.
Families report that EI helped them help their child develop and learn	Services reflect direct participation of caregivers' involvement in the early intervention session	Family survey	Annual analysis of 4c data demonstrates an increase in percentage of parents reporting that EI helped them help their child develop and learn.

[8] Home Visiting Checklist based on the Benchmarks of Quality for Home Visitors (Trivette and Jones)

[9] Family Goals on the IFSP are assessed for quality based on the following factors: (1) FC IFSP OAT p. 1 and p.7, (2) Entered in data system where adult caregiver is listed as the person "doing" the action as well as a start/target date entered and/or updated, and (3) clearly linked to information recorded on the FC Child & Family Assessment.

Minor Adjustments in Implementing the Plan

The attainment of short-term outcomes and IFSP quality rating data demonstrating a change in practice that aligns with DEC Recommended Family Practices around IFSP development support this decision to continue implementation of the SSIP as planned without modifications to the plan itself. Minor adjustments were made in the carrying out of the plan based on input from the highly vested stakeholders participating in initial implementation teams. While these adjustments do not affect the plan as a whole, adjustments are noted here:

- Part B/619 (the LEAs) did not join the initial cohort beyond the initial planning workday at which they determined that the timing was not right for them to join. It is still possible and even likely that they will join the work at another time, entering with a subsequent cohort group.
- The State-wide Cross-sector Professional Development Leadership Team did not assist in the development of a master cadre of external coaches or help to identify core competencies for these external coaches, selecting instead to undertake broader state-wide infrastructure development in the area of professional standards/core competencies for all professionals across disciplines who work with families of children birth to five.
- Training agenda and content "backed up" to a more basic level when teams identified additional needs through self-assessment and discussion. Subsequent cohorts will also begin training at "square one" since data analyzing the success of backing up training to a more basic level demonstrated that these teams were able to improve the quality of their IFSPs significantly after intensive training, coaching, support, and practice.

APPENDICES

Appendix 1: *IFSP Quality Rating Data*

Appendix 2: *Specific DEC Recommended Practices Aligning with SSIP Outcomes*

Appendix 3: *FFY2015 Data and Progress toward the SiMR*

Appendix 4: *Implementation Timelines (Ph II Compared to Ph III)*

Appendix 5: *Tools Referenced in SSIP Phase III Report*

A. Home Visiting Action Plan Birth to Three (ECTA)
B. FC IFSP-OAT

Appendix 1: IFSP Quality Rating Data

IFSP Quality Ratings

Baseline IFSP quality ratings were completed in March of 2015. Starting point data was obtained in this manner:

- Twenty-five (25) IFSPs were randomly pulled (5 from each of five regions of the state) to obtain data to determine "where we are at"
- IFSPs reviewed must have been created developed during the last six months (October 2014-March 2015 after "Writing Functional Outcomes" workshop, Webinar, and self-study guide had been offered/available but not required for IFSP teams)
- Each of the five regions would include IFSPs developed: (2) from state staff SC, (2) from center-based providers contracted with Part C, (1) from an independent provider's service coordinator
- Lead monitor reviewed the rating tools/sheets of each quality assurance monitoring team member (all twenty-five records rated) to verify consistency across team members in using the tool
- Ratings from the five monitoring team members were averaged to get an overall average rating for the state's Part C program.

The FC Outcome Assessment Tool (FC IFSP-OAT) is adapted from the McWilliams Goal Functionality Scale III (2010) and the Individual Family Service Plan: Outcome Assessment Tool (IFSP-OAT) developed by Witwer, A.N., Saltzman, D., Appleton, C., & Lawton, K. in collaboration with the Ohio State University Nisonger Center and Ohio Colleges of Medicine Government Resource Center. The outcome assessment tool specifically rates IFSP outcomes on the level to which they enable parents and other caregivers to implement learning strategies within typically occurring activities. IFSP quality rating is determined by the guide provided on the FC IFSP-OAT tool where a score of 0-17 is "lacking quality;" scores in the range of 18-31 show "elements of quality;" and ratings between 32-51 are "high quality IFSPs."

2015 Statewide Average of IFSP Quality Ratings (Baseline)

Monitor 1	Monitor 2	Monitor 3	Monitor 4	Monitor 5
(a) score (7) lacking quality (b) score (6) lacking quality (c) score (31) IFSP has elements of quality (d) score (0) IFSP lacking quality (e) score (23) IFSP has elements of quality	(a) score (18) IFSP has elements of quality (b) score (21) IFSP has elements of quality (c) score (10) IFSP is lacking quality (d) score (50) IFSP high quality (e) score (4) IFSP is lacking quality	(a) score (0) IFSP lacking quality (b) score (23) IFSP has elements of quality (c) score (18) IFSP has elements of quality (d) score (22) IFSP has elements of quality (e) score (26) IFSP has elements of quality	(a) score (34) IFSP high quality (b) score (12) IFSP lacking quality (c) score (24) IFSP has elements of quality (d) score (19) IFSP has elements of quality (e) score (14) IFSP lacking quality	(a) score (20) IFSP has elements of quality (b) score (17) IFSP lacking quality (c) score (17) IFSP lacking quality (d) score (30) IFSP has elements of quality (e) score (3) IFSP is lacking quality
Total for 5 IFSPs: 67 **Average rating: 13.4**	**Total for 5 IFSPs: 103** **Average rating: 20.6**	**Total for 5 IFSPs: 89** **Average rating: 17.8**	**Total for 5 IFSPs: 103** **Average rating: 20.6**	**Total for 5 IFSPs: 87** **Average rating: 17.4**

2015 Statewide Average (Baseline) = 17.96

2015 baseline data demonstrated the 2015 Statewide Average across five regions of the state was 17.96, a score bordering "low quality" and the lowest end of "showing elements of quality," indicating that First Connections IFSPs demonstrate a lower level of quality and functional child goals/objectives than what is needed to reach the SiMR based on a representative sampling of twenty-five IFSPs created within six months from sampling date. To view the FC IFSP-OAT tool, see *Appendix 5 / B: FC IFSP-OAT*.

2017 Statewide Average of IFSP Quality Ratings by Region from a Sampling of Current IFSPs

NW region	NE region	Central region	SW region	SE region
(a) score (11) IFSP lacking quality (b) score (14) IFSP lacking quality (c) score (8) IFSP lacking quality (d) score (6) IFSP lacking quality (e) *score (16) IFSP lacking quality	(a) score (9) IFSP lacking quality (b) score (40) high quality IFSP (c) score (1) IFSP is lacking quality (d) score (10) IFSP is lacking quality (e) score (10) IFSP is lacking quality	(a) score (5) IFSP lacking quality (b) score (23) IFSP has elements of quality (c) score (27) IFSP has elements of quality (d) score (3) IFSP lacking quality (e) score (11) IFSP lacking quality	(a) score (13) IFSP lacking quality (b) score (22) IFSP has elements of quality (c) score (3) IFSP lacking quality (d) score (5) IFSP lacking quality (e) score (43) high quality IFSP	(a) score (5) IFSP lacking quality (b) score (26) IFSP has elements of quality (c) *score (16) IFSP lacking quality (d) *score (14) IFSP lacking quality (e) score (40) high quality IFSP
Total for 5 IFSPs: 55 Average rating: 11	**Total for 5 IFSPs: 70 Average rating: 14**	**Total for 5 IFSPs: 69 Average rating: 13.8**	**Total for 5 IFSPs: 86 Average rating: 17.2**	**Total for 5 IFSPs: 101 Average rating: 20.2**

2017 Statewide Average (all 5 monitors/areas) = 15.24

*** Service Coordinator category not available in this area, SC of a different type used / all other measures the same.**

The 2017 Statewide Average did not include IFSPs developed by a service coordinator from the target group of Unlimited Potential sites that have received targeted, intensive training and support. 2017 Statewide Average IFSP quality data was obtained in this manner:

- Twenty-five (25) current IFSPs would be randomly pulled (5 from each of five regions) to obtain data to determine "where we are at" in the state, excluding the target
- Only IFSPs created in the last six months (October 2016 – March 2017) were reviewed/rated Lead monitor rated five random IFSPs in each region of the state (regions were defined by county of residence of child/family served). Unless a particular region did not have a center-based Part C provider or an independent service provider service coordinator (see the data in the table marked with an asterisk), the breakdown of IFSPs reviewed were:
  -- (2) from state staff service coordinators ("a" and "b" in each column)
  -- (2) from center-based provider service coordinator ("c" and "d" in each column)
  -- (1) from independent service provider service coordinator ("e" in each column)
- Ratings from the five regions were averaged to get an average overall rating for the state's Part C program.
- Rating quality level is determined by the guide provided on the FC IFSP-OAT tool where: a score of 0-17 is "lacking quality;" scores in the range of 18-31 show "elements of quality;" and ratings between 32-51 are "high quality IFSPs."

2017 IFSP quality ratings were completed in March of 2017 and demonstrated a drop of 2.72 points in IFSP quality (functionality of IFSP goals/objectives) statewide. Possible reasons for the decline in overall IFSP quality ratings across the state include:

- Training resources refocused on training the target group of Unlimited Potential sites for initial SSIP implementation so that training and TA on IFSP development and writing functional outcomes (which had been a focus area 2014-2015) was less readily available to EI professionals statewide
- State staff turnover/change

While gathering and analyzing the data on outcome quality and typing the ratings into columns in the chart above, one rating stood out – an IFSP quality rating of "40" (high quality) from a state staff service coordinator in an area in which all other IFSPs rated received low ratings. The large discrepancy prompted questions:

- What was different about this IFSP beyond what was assessed using the FC IFSP-OAT tool?
- What was different about this IFSP team?

A review of the complete IFSP records from the five IFSPs in that region provided answers. What was different about the high quality IFSP was that the First Connections Child & Family Assessment was completed more thoroughly and information from the family assessment was used in creating IFSP outcomes and objectives that revolved around the people, places, activities, and items the child and family cared about and used. The low quality IFSPs in this region either did not have the Child & Family Assessment included in the record or had an assessment that was incomplete or not thoroughly completed with no evidence of family assessment information having been incorporated into the IFSP outcomes and objectives.

Across the state, EI professionals had been trained in how to complete the FC Child & Family Assessment and why it was important and how to explain the assessment to families. A self-study guide had been created to support teams. Webinars and workshops had been held extensively in 2014-2015 to support EI professionals in writing functional outcomes and objectives and a TA self-study guide created to support IFSP teams. But only the Unlimited Potential initial cohort had received extensive support, live demonstrations, and peer coaching in using the results of the assessment to create meaningful, functional IFSP outcomes with the family that revolve around the things the family wanted and needed their child to be able to do. Program administration expected to see higher IFSP quality ratings for IFSPs created by IFSP teams lead by service coordinators from the target group. But this IFSP team was lead by a state-staff service coordinator – what made this IFSP team different? There, in the list of persons attending the initial IFSP meeting, was a direct service provider (SLP) from one of the UP teams. Did this speech-language pathologist from the initial cohort group influence the IFSP team? Did "incidental learning" happen as she introduced a new way of working with families even when she was not working with her team-mates from her UP site?

It certainly appeared so, but this was one isolated example and the incidental teaching hypothesis would require more inspection, especially since all of the teams of the initial cohort were in the central/north central portion of the state and the two other IFSPs with high quality ratings were in the SW (43 rating) and in the SE (40 rating).

The two IFSPs in the south earning high quality ratings were reviewed and the same questions asked. Neither of the other high quality IFSPs yielded information to support the hypothesis because in each of these IFSP teams, there was not a member of the initial cohort present either in person or by consultation. However, the service coordinators leading each of these teams was a non-state staff service coordinator who had attended the face to face half-day workshop on writing functional outcomes as well as the two face to face workshops on completing a functional family assessment and IFSP development. What was learned by looking at these IFSP records more closely was that the face to face workshops with embedded practice activities done in table teams (peer groups) were effective in changing practice for at least some of the service coordinators who attended.

To determine if there was incidental learning in which members of the initial cohort incidentally "taught" EI professionals outside their UP site team by interacting in IFSP meetings, IFSPs in the central area where the teams of the initial cohort group are located were analyzed more closely. IFSPs in the central area earning "elements of quality" ratings were reviewed, and the results supported the hypothesis. The state-staff service coordinator in the central region whose IFSP team did not include a member of the initial cohort earned a rating of "5" (low on the low quality rating) but the state-staff service coordinator whose IFSP team did include a member of the initial cohort earned a rating of "23." However, the highest rated IFSP in the central region (a "27") was developed by an IFSP team that did not include anyone from the initial cohort but whose service coordinator had attended both the face to face workshop on completing a functional family assessment and the workshop on writing functional outcomes. This information about "what worked" will be of great value in shaping future training and technical assistance offerings.

The initial cohort group received intensive training in DEC Recommended Family Practices around IFSP development. Teams were supported in using the results of family and other caregiver assessments to develop functional IFSPs with parents and other caregivers around their priorities for the child's early learning and participation. The training included follow up practice activities, peer coaching, self and peer-assessment. After intensive training with the initial cohort group (four sites), data was collected from the two sites that had service coordinators on the team who had developed five or more IFSPs between October 2016 and March 2017. The IFSP Quality Ratings for the two UP sites is depicted in the table below:

2017 Average of IFSP Quality Ratings of Initial Cohort (UP) from a Sampling of Current IFSPs

UP site 1	UP site 2	UP site 3	UP site 4
(a) score (41) high quality IFSP (b) score (45) high quality IFSP (c) score (45) high quality IFSP (d) score (41) high quality IFSP (e) score (45) high quality IFSP	(a) score (40) high quality IFSP (b) score (41) high quality IFSP (c) score (39) high quality IFSP (d) score (31) IFSP has elements of quality (e) score (37) high quality IFSP	***Team did not include a service coordinator. Team did not develop IFSPs between October-March / no data available***	***Team did not develop an IFSP between October-March due to no new referrals / no data available***
Total for 5 IFSPs: 217 Average rating: 43.4	**Total for 5 IFSPs: 188 Average rating: 37.6**	**Not yet available for this team**	**Not yet available for this team**

2017 Initial Cohort (UP) Average (2 teams that began implementation) = 40.5

NOTE: Rating quality level is determined by the guide provided on the FC IFSP-OAT tool where: a score of 0-17 is "lacking quality;" scores in the range of 18-31 show "elements of quality;" and ratings between 32-51 are "high quality IFSPs."

IFSP quality rating data gathered from the target group (initial cohort of Unlimited Potential sites) that have received targeted, intensive training and support was gathered in this manner:

- The lead monitor rated five random IFSPs from each UP Team that had developed five or more IFSPs in the last six months (October 2016 – March 2017) for children involved in their team's UP work to obtain data to determine (1) effectiveness of intensive training in family assessment, writing functional goals, and IFSP development and (2) to determine "where we are at" with this group as compared to the state as a whole.
- Ratings were averaged to obtain an average or overall rating for that team.
- The averages for the two teams with available data were averaged to obtain the 2017 Initial Cohort (UP) average.

Preliminary data from the two teams that had recently developed IFSPs to contribute IFSP Quality Rating data demonstrate higher quality IFSPs (+25 points) than IFSPs created during the same time period around the state (excluding the UP sites):

2017 IFSP Quality Ratings: Average of UP Compared to Statewide Average

2017 Initial Cohort (UP) Average IFSP Quality Rating:	2017 Statewide Average IFSP Quality Rating:
40.5	**15.24**

Concerns around Data and Implications of Concerns for Assessing State Progress

While use of the tool to standardize quality ratings eliminates concerns over the quality of the data used to make formative conclusions in the process of work to reach the SiMR, a concern is not having data for two of the four teams of the initial cohort (at this point). Progress for these two teams was not able to be represented in IFSP Quality Rating data for the Phase III report, but progress in implementing DEC Recommended Practices related to IFSP development was qualitatively assessed for these teams throughout the training. Qualitative assessment reviewed work samples submitted by each team to include: completed Family Assessment, completed "Other Caregiver" Assessment, Child IFSP Outcomes (goals/objectives), and Family Outcomes to ensure that all teams were able to use new practices.

The meanings the State constructs from the data provides ideas about how to build on the early work to move forward. A concern for the teams for which data is currently unavailable is how to best support these teams so that they will have this data to submit in the next reporting period. This consideration shaped the decision to expand the target to include the First Connections regional program coordinators as the second cohort as some of the State staff serves as service coordinator for EI providers in the initial cohort group (particularly in the case of the two teams who did not develop five or more IFSPs from October 2017-March 2017). Bringing the State staff service coordinators (and their administrative assistants) into the UP Initiative to train them in using the DEC Recommended Practices will not only support the initial cohort for which some of this staff serves as service coordinator but will also spread the use of these best practices beyond the central area of the state.

Appendix 2: Specific DEC Recommended Practices Aligning with SSIP Outcomes

Outcomes: Increased IFSP Quality Ratings and Families report that EI helped them help their child develop and learn (SiMR)

The specific DEC Recommended Family Practices employed to achieve the short-term outcome of increased IFSP quality rating include:

DEC Recommended Family Practice:	Example:
F1: Practitioners build trusting and respectful partnerships with the family through interactions that are sensitive and responsive to cultural, linguistic, and socio-economic diversity.	▪ EI team members show genuine interest in getting to know and include the whole family – not just the child with a disability ▪ EI team takes time to listen to learn ▪ Service coordinator shares information about the family's rights in the format and language with which the family is most comfortable
F3: Practitioners are responsive to the family's concerns, priorities, and changing life circumstances.	▪ Service coordinator uses open-ended questions to gather information from the family to understand their concerns and priorities ▪ EI provider gives the family opportunities to discuss and prioritize IFSP goals so that she can update other team members on what is important to the family
F4: Practitioners and the family work together to create outcomes or goals, develop individualized plans, and implement practices that address the family's priorities and concerns and the child's strengths and needs.	▪ EI team provides many opportunities for parents to ask questions and discuss their child's activities and progress ▪ IFSP team works with the family to develop a plan that address the needs expressed by the family ▪ Service coordinator helps the family understand the importance of developing IFSP outcomes that will help them facilitate their child's development ▪ EI team works with family members to identify the family routines during which IFSP goals can be implemented
F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.	▪ EI team asks the family what types of activities they currently use to support their child's efforts and then assists the family in developing IFSP strategies they can use to increase the child's participation in those activities ▪ EI team acknowledges a family's strengths in addressing the child's challenging behaviors and supports the family in developing IFSP objectives that use these strengths to address other areas of development
F7: Practitioners work with the family to identify, access, and use formal and informal resources and	▪ The SC asks about state and federal assistance programs as well as other community programs the family uses or would like to use to address the

supports to achieve family-identified outcomes or goals.	family's identified needs ▪ The EI team supports the family in identifying other important people in the child's life who can assist with implementing IFSP strategies to give the child opportunities to practice new skills in a variety of settings and situations
F9: Practitioners help families know and understand their rights.	▪ The EI team teaches families their rights in context throughout the IFSP process ▪ The SC talks with the family about the policies and procedures related to dispute resolution and answers the questions they have
INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.	▪ The IFSP team gathers information from a family about routines that are difficult for the child and family and about the skills the child might need in order to engage in those routines more independently ▪ The IFSP team works with the family to identify priority child-focused outcomes and skills related to these outcomes during the Individualized Family Service Plan (IFSP) process
INS5: Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.	▪ A DT and family identify skills a child needs to learn to be more engaged, independent, and interactive in child and family routines and activities and prioritize child learning outcomes for the IFSP with the family. ▪ EI providers on the team break down each outcome into smaller and more immediate learning targets and discuss when, where, and how learning opportunities will occur. They identify how they will know if the child is making progress and if engagement, independence, or interactions improve in the priority routines and activities.
TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.	▪ The childcare provider participates in the child's IFSP team meetings to discuss progress and share ideas for supporting goals in the classroom setting. ▪ The PT spends time at the beginning and end of each home visit to learn from the family about the child's learning between visits and what's working or not working.

Outcomes: More Children Receive Early Intervention in their Natural Environment and Families report that EI helped them help their child develop and learn (SiMR)

The specific DEC Recommended Family Practices employed to achieve the long-term outcome of an increase in the Indicator 2 Natural Environment data that demonstrates more children receive early intervention in their natural environment include:

DEC Recommended Family Practice:	Example:
A7: Practitioners obtain information about the child's skills in daily activities, routines, and environments such as home, center, and community.	▪ A family member reports challenging behaviors in the early evening so the EI provider schedules a home visit at that time to try to understand the issues and find potential solutions with the family. ▪ A childcare provider reports that the child is very quiet in the classroom setting but the parent reports the child talks a lot at home. The IFSP team has the family capture some examples of his communication on a video to share with the teacher and all work together to develop strategies to promote communication at the daycare.
E1: Practitioners provide services and supports in natural and inclusive environments during daily routines and activities to promote the child's access to and participation in learning experiences.	▪ An OT visits a family during meal time in their home to help the parents problem solve positioning or feeding strategies, so their child can eat and socialize with the entire family instead of eating before or after the rest of the family. ▪ A PT goes to the store to assist a parent of a child who uses an assistive device for mobility to develop a new routine to ensure the child's safety while navigating the parking lot and store.
E3: Practitioners work with the family and other adults to modify and adapt the physical, social, and temporal environments to promote each child's access to and participation in learning experiences.	▪ A DT works with a childcare provider to modify transitions in the childcare setting by posting a visual schedule of the daily routine or works with family members to find resources to modify their home so their child who uses a walker can move easily from place to place. ▪ The DT shows the childcare provider how to modify a board game by adding an easy to grasp foam handle to game pieces so that a child who has difficulty grasping can access and play the game with classroom peers.
E6: Practitioners create environments that provide opportunities for movement and regular physical activity to maintain or improve fitness, wellness, and development across domains.	▪ A PT works with families and other adults to identify strategies in the environment to encourage children to walk, crawl, wiggle, scoot, reach, roll, kick, or move in any other way they can by showing family members how to place desired toys in sight but out-of-reach to encourage locomotion.
F5: Practitioners support family functioning, promote family confidence and competence, and strengthen family-child relationships by acting in ways that recognize and build on family strengths and capacities.	▪ A DT shares information and provides support so that the family feels confident they can assist their child in-between visits. ▪ A PT asks the family what types of activities they currently use to support their child's efforts to walk and then provides the family with strategies they can use to increase the child's participation in those

	activities.
INS2: Practitioners, with the family, identify skills to target for instruction that help a child become adaptive, competent, socially connected, and engaged and that promote learning in natural and inclusive environments.	▪ EI providers on the family's team observe the child in the settings in which he regularly spends time (e.g., home, car, church, school, grocery store) to identify the skills he needs to participate actively in the activities and routines in those settings. ▪ An SLP works with the child's family to select an augmentative communication system that would be a good fit for the child and family and to identify skills the child needs in order to use the system across different activities and routines.
INS4: Practitioners plan for and provide the level of support, accommodations, and adaptations needed for the child to access, participate, and learn within and across activities and routines.	▪ An OT and family identify fun and interesting learning opportunities for an infant within daily activities and routines that provide contingent feedback as a result of the child's actions (e.g., motion-activated mobiles, rattles, musical games). ▪ An SLP, DT, and the child's family design a choice board for the family to use during mealtimes to help the child request preferred food or drink.
INS5: Practitioners embed instruction within and across routines, activities, and environments to provide contextually relevant learning opportunities.	▪ A DT, childcare provider, and parent review the class schedule and the child's IFSP goals to identify logical and appropriate opportunities for the child to practice and learn targeted skills during routine, planned, and child-initiated activities that occur in the childcare setting. ▪ They work together indicate when, where, and with whom embedded learning opportunities will be provided and which systematic and intentional teaching strategies will be used.
INS13: Practitioners use coaching or consultation strategies with primary caregivers or other adults to facilitate positive adult-child interactions and instruction intentionally designed to promote child learning and development.	▪ A DT uses coaching strategies during a home visit to support a parent who wants to learn how to embed learning opportunities for a child in everyday routines or activities. ▪ The DT observes the parent and child during the activities or routines in which embedded learning opportunities occur and providing supportive feedback, problem-solving and reflecting about the embedded learning opportunities, and discussing how the parent will implement embedded learning opportunities between visits and collect information about child responses and progress to share with the coach at the next visit.
INT2: Practitioners promote the child's social development by encouraging the child to initiate or sustain positive interactions with	▪ A DT coaches the Early Head Start teacher in how to help peers respond to a child who uses gestures to communicate. ▪ A DT works with the parents in the home to

other children and adults during routines and activities through modeling, teaching, feedback, or other types of guided support.	encourage and reinforce a child for initiations and engagement with materials by providing choices; making suggestions; giving the child time to make choices; and providing positive, descriptive feedback.
INT4: Practitioners promote the child's cognitive development by observing, interpreting, and responding intentionally to the child's exploration, play, and social activity by joining in and expanding on the child's focus, actions, and intent.	▪ A DT observes a child in the classroom to coach the childcare provider in how to extend and expand on a child's play behavior by imitating the child's behavior and then adds steps by showing how things work, other actions they can perform with objects, or ways that they can pretend with toys. ▪ A DT joins in on the child's exploration in the sand box following the child's lead and showing how the truck disappears under the sand and then reappears.
TC1: Practitioners representing multiple disciplines and families work together as a team to plan and implement supports and services to meet the unique needs of each child and family.	▪ A PT and DT talk with the family about the child's current abilities and progress and modify current strategies to align with the child's current level of performance. ▪ A childcare provider discusses her ideas and concerns about a child's progress with the consulting SLP and they develop additional teaching strategies together.
TC2: Practitioners and families work together as a team to systematically and regularly exchange expertise, knowledge, and information to build team capacity and jointly solve problems, plan, and implement interventions.	▪ A PT demonstrates to the parent a strategy to support a child's development and learning during outdoor play, stepping aside to observe the parent model the strategy and provide useful feedback. ▪ The childcare teacher spends a few minutes at pick-up and drop-off to exchange information about the child's performance related to IFSP goals with the family.

Appendix 3: FFY 2015 Data and Progress toward the SiMR

Part C program administration did not anticipate FFY 2015 data to demonstrate progress toward the SiMR in state-wide data since implementation of SSIP strategies intended to change practice are only being initially implemented with a limited number of EI practitioners of the target group.

Moreover, implementation of SSIP strategies designed to change practice (the work of training the Unlimited Potential teams of the initial cohort) was introduced in March of 2016 and trained/coached in the summer and fall of 2016, after the end of FFY 2015, so even data of the target group would not have been reflected in FFY 2015. Even within the target group, however, data would not yet show progress because in the first year of implementation (March 2016-March 2017), training in the DEC Recommended Practices did not "cover enough ground" to have prepared the teams of the target group to fully implement DEC Recommended Practices with fidelity in their work with families and other caregivers.

Looking at FFY 2015 and 2014 data, however, can provide a baseline against which to compare subsequent data in future reports. FFY2015 data related to SSIP work to reach the SiMR includes:

- **Family Outcomes Data**
- **Indicator 2 Natural Environment Data**
- **Child Outcomes Data**

Family Outcomes Data

The table below provides a visual comparison of FFY 2015 Family Outcomes data compared to FFY 2014 data:

Comparison of Family Outcomes Data FFY 2015 / FFY 2014

Family Outcomes:	FFY15 Data	FFY15 Target	FFY15 Status	FFY14 Data	FFY14 Target	FFY14 Status
(4a) Percent of families participating in Part C who report that early intervention services have helped the family know their rights	81.24%	84%	*Did not meet target*	78.96%	82%	*Did not meet target*
(4b) Percent of families participating in Part C who report that early intervention services have helped the family effectively communicate their children's needs	85.55%	84%	Met target	81.84%	82%	*Did not meet target*
(4c) Percent of families participating in Part C who report that early intervention services have helped the family help their children develop and learn	85.55%	84%	Met target	87.84%	82%	Met target

FFY 2015 data shows an improvement in helping families know their rights (+2.28%) and advocate for their child (+3.71%) but a decline in 4c data to help families help their child develop and learn (-2.29%). Neither the improvements nor the decline, however, can be directly attributable to systemic

improvement efforts, since SSIP implementation in the form of training with a small group (the target) in evidence-based practices did not begin until the summer of 2016, after FFY 2015 had ended. Fluctuations in family outcomes data may be attributable to the reformatting and shortening of the family survey (in 2014), the use of telephone interviews to complete the survey (in 2015), or variations in the number of responses received.

Indicator 2 / Natural Environment Data

The table below provides a visual comparison of FFY 2015 Natural Environment data compared to FFY 2014 data:

Comparison of Indicator 2 / Natural Environment Data FFY 2015 / FFY 2014

Description:	FFY15 Data	FFY15 Target	FFY14 Data	FFY14 Target
Percentage of children who receive EI services in the natural environment	76%	76%	74.48 %	73%

While a comparison of the data does demonstrate that more children received early intervention in their natural environment in FFY 2015 than in the previous year, the slight increase (+1.52%) cannot be attributed to SSIP implementation work. The most likely reason for the slight increase in percentage of children served in the natural environment would be changes in the provider profile (programs opting in or opting out of First Connections and provider programs' staffing).

Child Outcomes Data

The table below provides a visual comparison of FFY 2015 Child Outcomes data compared to FFY 2014 data:

Comparison of Child Outcomes Data FFY 2015 / FFY 2014

Child Outcomes:	FFY15 Data	FFY15 Target	FFY15 Status	FFY14 Data	FFY14 Target	FFY14 Status
Outcome A: Positive social-emotional skills						
SS1: substantially increased rate of growth	64%	62%	Met targets	68%	59%	Met targets
SS2: function w/in age expectations at exit	43%	31.25%		33%	22%	
Outcome B: Acquire and use of knowledge and skills						
SS1: substantially increased rate of growth	67%	62.5%	Met targets	69%	60%	Met targets
SS2: function w/in age expectations at exit	37%	31%		34%	21%	

Outcome C: Use of appropriate behaviors to meet needs **SS1:** substantially increased rate of growth	66%	62.75%	Met targets	66%	58%	Met targets
SS2: function w/in age expectations at exit	42%	32%		35%	23%	

The comparison between FFY 2015 and FFY 2014 data shows that while targets were met each year, the program experienced slippage in performance in Outcome A/SS1 (-4%) and Outcome B/SS1 (-2%). In the percentage of children exiting the program within age expectations (summary statement 2), the program saw increases in each of the three Outcome areas as follows: A/SS2 (+10%), B/SS2 (+16%), C/SS2 (+7%). Fluctuations in child outcome data cannot at this time be attributed to SSIP implementation due to the limited number of EI providers participating in the target group (Unlimited Potential sites making up the target) and the limited scope of training/coaching between summer of 2016 and winter 2017, which would not yet prepare practitioners in the target group to implement EBPs in the area of instructional best practices at all and would not impact the target group's work with parents and other caregivers significantly enough to account for increases in SS2 in each Outcome area. The most likely explanations for data fluctuations in child outcomes data include:

(a) More exit ratings were captured in FFY than in 2015 due to a data system upgrade that prompts each user to complete the COSF rating before exiting a child
(b) IFSP teams are measuring COSF ratings more accurately after the required tools for completing the COSF, the Age Anchor and the Decision Tree, have been linked into the data system on the Child Outcomes tab so that IFSP teams have easy access to the tools and are reminded each time they complete COSF ratings to use the tools

Appendix 4: Implementation Timelines (Phase II Compared to Phase III)

The chart below adapts the table from the SSIP Phase II report's Appendix 2 "Timelines for Implementation and Scale Up," adding two columns to the table to document implementation in Phase III and to provide additional information and/or a rationale whenever the actual implementation differed from the anticipated timeline and/or the proposed activity.

Changes to build capacity and to support EI programs and providers in implementing EBPs to improve child and family outcomes:	Phase II Report's Timeline *(from Phase II report's Appendix 2)*	Actual Implementation	Information/Rationale
Draft of Parent Participation Agreement created with EI Provider Focus Group input	October 2014	October 2014	Timeline unchanged: Infrastructure change began prior to Phase III work.
Arkansas' Part C Policy & Procedures fully approved by OSEP	April 2015	April 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
AICC Approves Finalized Parent Participation Agreement	July 2015	July 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Garner additional support for improvement planning by sharing 2015 Determination, overview of data and identified issues, and summary of SSIP proposed improvement strategies to AICC, Part C Providers, Part C staff, stakeholders (workshops, Webinars, newsletters)	July-August 2015	July-August 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Part C and Part B/619 joint book study of *Leading by Convening* to change the way we work together and the ways in which we approach stakeholder engagement. Formation of Early Childhood Partnership (both agencies)	July-August 2015	July-August 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Early Childhood Partnership identifies representatives of agencies, initiatives, programs, and organizations serving families of children 0-5 to invite to State-Wide, Cross Sector PD Leadership Team	June-July 2015	June-July 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.

Convene State-Wide, Cross Sector PD Leadership Team	Orientation Web Meeting: 8/19/2015 Workday to establish shared vision: 9/1/2015	Orientation Web Meeting: 8/19/2015 Workday to establish shared vision: 9/1/2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Determine EBPs to implement	October 2014	October 2014	Timeline unchanged: Infrastructure change began prior to Phase III work.
Determine method of selecting the target group of EI practitioners for beginning implementation. Develop application, scoring rubric, review panel for selecting target group (Unlimited Potential or UP)	Feb 2015	Feb 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Distribute UP application packet to all Part C providers	March 2015	March 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Interview UP applicants / Enter into MOU	July 2015	July 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Data collection: Initial assessment of training needs, program strengths/needs.		July 2015	*Was not originally included in the timeline (included in Ph II in another area)*
Divide applicants based on application scores into 1st and 2nd cohort groups	July 2015	July 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
1st and 2nd cohort groups self-assess CSPD needs	July 2015	July 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Orientation for 1st and 2nd cohort groups	October 13, 2015	October 13, 2015	Timeline unchanged: Infrastructure change began prior to Phase III work.
Data collection: Ongoing assessment of strengths and needs.		October 13, 2015	*Was not originally included in the timeline (included in Ph II in another area)*
PD Leadership Team identifies supports needed for target group to begin implementation of EBPs	Nov 2015-March 2016	Core SSIP Team and UP Teams identified supports needed beginning in	The PD Leadership Team completed the self-assessment of the ECTA Center/ECPC Component on Personnel/ Workforce. Based on the scoring from this tool, group recognized that all components

		March 2016 (ongoing to present)	dependent on ensuring that personnel standards for early childhood professionals align with national standards and are based on early learning standards for all children.
PD Leadership Team identifies core competencies of trainers/coaches in master cadre	Nov 2015-March 2016	Timelines will need to be adjusted to allow subcommittees to complete work already begun	This team's work in the areas of standards and in-service professional development, though their work in "standards" will be useful in identifying core competencies of trainers/coaches as well as EI providers in general.
PD Leadership Team, SSIP Stakeholders, AICC, and Core SSIP Team identifies core competencies of EI providers	Nov 2015-March 2016	Partially implemented as of 2/2017	These teams are working in the area of standards (core competencies) and in-service professional development (PD/TA in core competencies).
PD Leadership Team defines/identifies coaching support (master cadre of trainers) and develops application, application scoring rubric, application review panel.	Jan 2016-July 2016	March 2016	The Core SSIP Team used existing CSPD resources for external coaching.
Determine methods of measuring progress in implementation of EBPs with target group.	June 2015-July 2016	July-December 2016	Ideas gained from other states at the November CSLC were explored before refining decisions.
Determine methods of measuring progress in SSIP plan implementation	June 2015-March 2016 *(with ongoing assessment / possible adjustment)*	June 2015-March 2016 *(with ongoing assessment / possible adjustment)*	
Begin using Parent Participation Agreement as a required part of intake	January 1, 2016	January 1, 2016	
Voucher Agreement revised, approved, and implemented	June 2016	Not implemented	This activity put on hold pending new administration priorities.
Create manual / EI guidelines for target group, create Home Visit / Parent Coaching checklist and a Daycare Visit Checklist for coaches	July 2016	Not implemented	Training of target group did not reach this point. Program wants to solicit input from the CoP of initial implementers in the creation of these lists.

Begin training of external coaches (master cadre) and internal coaches (1st cohort/target group)	August 2016	July 2016	
Begin implementation of EBPs with 1st cohort (target group)	August 2016	DEC RP Family Practices August 2016	
Ongoing Data collection: ▪ Review work samples to assess UP Teams' progress ▪ UP Teams self-assess progress and self-assess training and support needs		August 2016-present	*Was not originally included in the timeline (included in Ph II in another area)*
Ongoing training and coaching of 1st cohort (target group) and external coaches (master cadre)	Sept 2016-December 2017	August 2016-present	
Data collection: Annual Assessment of UP Teams' progress ▪ Assess 5 IFSPs team developed between Oct 2016-March 2017 ▪ Calls with teams to review initial site implementation plan and self-assess progress, strengths, and needs		January-February 2016	*Was not originally included in the timeline (included in Ph II in another area)*
Home Visit Family Rating tool developed	June 2016-July 2016	Not implemented	Training in DEC RPs did not reach the point of instructional practices or "home visiting" in the first year (Mar 2016-Mar 2017), so this tool is not yet needed
Home Visit Family Rating tool developed and approved - in use with families involved with 1st cohort group to measure EI's effectiveness in helping the parent promote child learning in typical activities	Aug 2016-December 2017	Not implemented as of Mar 2017, ***see note above***	
Orientation of 2nd cohort group (target group expanding)	*Was not originally included in the timeline*	Introduced 9/ 2016 Complete Orientation 2/2017	Assessment of UP Teams indicated that Part C "state staff" service coordinators needed to be included as many serve as SC for EI providers of the target group.

Data collection: Initial assessment of training needs, staff strengths/needs of 2nd group.		Dec 2016-Feb 2017	*Was not originally included in the timeline (included in Ph II in another area)*
Begin training 2nd cohort group [Part C state staff] **(target group expanding)**	January 2018	Introduced 9/ 2016 Orientation February 2017 Training Initiated February 2017	Training began with all Part C staff 2/2017 to prepare them to implement DEC RPs around working with families. Staff formed their implementation teams (identified team leads and internal coaches). Calendar of monthly trainings established with full team and with coaches.

Appendix 5: Tools Referenced in SSIP Phase III Report
A. Home Visiting Action Plan Birth to Three (ECTA)

Unlimited Potential Action Plan -Home Visiting - Birth to 3

Team: _____ Date:_____

Critical Elements	Responsible Person	Timelines
Leadership Team 1. Team has broad representation 2. Administrative Support 3. Establish regular meetings 4. Establish team mission/purpose 5. Develop implementation goals 6. Review and revise action plan at least annually		
Staff Readiness and Buy-in 7. Make all staff members aware of the goal of program-wide implementation 8. Staff members are supportive of program wide implementation 9. Get staff input and feedback throughout implementation process		
Family Engagement 10. Solicit family input as part of the planning process 11. Create multiple mechanisms for sharing program's implementation goals with families		

Program-Wide Action Plan 12. Develop a program wide action plan to guide implementation 13. Identify specific action steps 14. Review goals regularly with all staff		
Home Visitors Demonstrate RP 15. Make sure the effort is visible throughout the program within materials and practice guidance 16. Home visitors help families identify environments and materials 17. Home visitors identify appropriate instructional and interactional practices 18. Home visitors use strategies to develop positive and supportive relationships with families 19. Home visitors use strategies to enhance confidence and competence of families		
Building Staff Capacity 20. Develop plan to provide ongoing coaching 21. Internal coach is identified and trained 22. Internal coach uses home visitors reflections to collectively identify goals		

23. Develop and implement a process for training new staff members		
Monitoring Implementation and Outcomes 24. Program leadership monitors fidelity of implementation and uses data for decision-making about the plan 25. Program uses data to make decisions about professional development and coaching support 26. Program monitors family use of intervention plan 27. Program uses child engagement data to make decisions about intervention and support 28. Data are collected, summarized and reviewed by leadership regularly 29. Program level data are summarized and shared with staff and families		

FC Individual Family Service Plan: Outcome Assessment Tool (FC IFSP-OAT)

Adapted from: Individual Family Service Plan: Outcome Assessment Tool (IFSP-OAT) developed by Witwer, A.N., Saltzman, D., Appleton, C., & Lawton, K. in collaboration with the Ohio State University Nisonger Center and Ohio Colleges of Medicine Government Resource Center.

Child's ID Number: _____ Rater: _____

Child-s age (months): _____ Date of rating: _____

FOR CONSIDERATION (SEE FAMILY INFORMATION SECTION OF IFSP):

What supports and resources do I/we have available to achieve these outcomes?

Who will help us and what strategy will they use so we can achieve our outcomes?

Section 1: Outcome Functionality*

1. Routine: To what extent does the outcome emphasize the child's participation in a routine (i.e. activity)? (Child will participate in outside play- not child will participate in running).

☐

0 = No, there is no mention of a routine, nor any clear link to a routine.

1 = Some mention of activity within a naturalistic environment but not a specific routine (e.g., crawl to toy box at babysitter's house).

2 = Yes, emphasizes participation in routine in text and clear link to routine (e.g., crawls to toy box to get toys during playtime at babysitter's house).

2. Observable: Does the outcome state specifically (i.e. in an observable and measurable manner) what the child will do?

☐

0 = No, outcome is vague in nature, could be interpreted in a number of ways.

1 = Some level of operational terminology (i.e., describing an external distinct behavior which can be observed), but not clearly defined, not clearly measurable, or broad in nature (e.g., "feed self" versus "feed self with a spoon").

2 = Yes, outcome is stated in clear operationalized terms (describing an external distinct behavior which can be observed), which can be evaluated by all team members. The outcome includes a behavior which is observable and would be able to be counted by an observer.

*Section I adapted from the (McWilliams, 2010) Goal Functionality Scale III

3. Useful/Necessary: Does the outcome address a skill that is either necessary/useful for participation in home or community routines?

0 = No, outcome addresses skill that is not considered necessary or useful for participation.

1 = Somewhat, but usefulness is not immediately clear nor is explanation provided.

2 = Outcome clearly addresses skill used in participation in home/community routines.

4. Acquisition Criteria: Does the outcome include some type of acquisition criterion (i.e. an indicator of when the child can do the skill)? For example, statement such as "the family/team will know the child has met this goal when he feeds himself at lunch and dinner most of the time"?

0 = No, there is no way to determine from current outcome when it is met.

2 = Acquisition criteria clearly and specifically described.

5. To what extent does the outcome have a criterion that shows improvement in functional behavior?

0 = No, no criterion listed, or criterion listed as described does not transfer to routine such that improvements in functional behavior can be noted. OR: Not Applicable #4 was coded as 0.

1 = Some attempt to contextualize the criterion, but still not clearly meaningful to how child functions in family/child routines.

2 = Criterion is contextualized into daily routines, and should be able to be meaningful to all team members and family, such that they can speak to improvements.

6. Does the outcome have a generalization criterion (i.e. use the skill across routines, people, places, materials, etc.) or is it written in such a manner that generalization criteria could be developed in a future refinement of the goal?

0 = No generalization criteria and outcome is not contextualized within a daily routine or setting.

1 = Some mention of multiple routines or people, but not clear generalization criteria; not sufficient for a rating of 2. For example, reference to multiple people could include use of "we" or both mom and dad

2 = Clear and explicit generalization criteria included in outcome or strategies related to this outcome, including multiple people, routines places and when outcome will be attempted in each environment.

7. Does the outcome have a criterion for the time frame in which it is thought the objective will be achieved (e.g., by the time they visit grandma for the holidays).

0 = No time frame described.

1 = Time frame mentioned, but not clearly described.

2 = Time frame is clearly listed and easily understood by all (family and other team members).

Section 2: Meaningful Outcome Statements (Goals)

1. Can outcome(s) realistically be achieved in the agreed upon review?

☐

0 = No, outcome is not defined such that this can be determined. OR: Outcome appears to be too lofty in nature to have a chance of being achieved in the 3-6 month review period based on what was written in "Happening now" section. OR: Not enough information available to make this determination.

1 =There is at least potential for the outcome to be achieved, as it seems to be a logical next step.

2 = Yes, the outcome is logically the next step in learning for child in this content area and is reasonable based on what is happening now.

2. Is this outcome relevant based on information on child's current functioning and developmentally appropriate?

☐

0 = No, outcome is not appropriate based on developmental level. OR: Not enough information available to make this determination.

1 = Outcome is somewhat relevant, but not with certainty based on what is written.

2 = Yes, outcome is relevant to child's current developmental level; logical step in progression of development.

3. Is this outcome discipline free such that it is not a separate occupational, speech, or physical therapy outcomes but rather an outcome that could be addressed by all disciplines?

☐

0 = No, outcome is clearly and explicitly written to only be carried out by only one discipline.

1 = Some indication of being discipline specific (i.e., reference to specialized equipment or techniques), but not clearly written for one particular discipline.

2 = Outcome is written such that it could be implemented across multiple disciplines and individuals (professionals and family).

4. Is this outcome jargon free- written so all can understand (i.e., readability)?

☐

0 = No, there are highly specialized terms/jargon included in outcome.

1 = No explicit use of jargon but contains complicated terms or abbreviations (e.g., EIS) that are not written out or explained.

2 = Outcome is written without jargon, and in such a manner that caregivers can understand wording.

5. Is the outcome written to include active language (e.g., play, go, be, do, join, enjoy, tell) rather than passive words (i.e. tolerate, receive, increase, decrease, improve, maintain, develop, learn)?

☐

0 = Outcome is largely passive in nature (for example: "John will tolerate being at the park for more time.")

1 = Outcome contains wording that could be interpreted as passive but has some type of participation-based content.

2 = Outcome is written with active content rather than passive. For example, "John will play with his sister on the playground by climbing the slide.(Note: This can include phrases such as "use words.")

6. Is the function of this outcome clear and contextualized (i.e. Kim will eat with family at meal time)?

☐

0 = No, content is neither contextualized (e.g., setting, routine, etc) nor functional in current environments (for example: includes phrase, "use words" but does not indicate the function/purpose of words or where/when they would be used).

1 = Somewhat contextualized or functional within daily life but not both.

2 = Yes, outcome written to include functional contextualization (so addresses function as well as the context in which it will occur), or written such that this is clearly implied. For Example, "I want Johnny to request what he wants to eat (functional) at meal time (context).

Section 3: Strategy Evaluation (Objectives)

1. Can the strategy be addressed by multiple caregivers at multiple times/days?

☐

0 = No, strategy is written to only be implemented at very specific time with provider or with very specific people. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Strategy might be able to be addressed by multiple people or at multiple times but not both.

2 = Yes, strategy written such that it can be addressed by multiple people at multiple times/days.

2. Could the family implement the strategy in the context of everyday routines and activities with professionals providing direct coaching, parent training, or consultation?

☐

0 = No, family would not be able to implement strategies within everyday routines and would need more support than just education, consultation, and coaching. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Family might be able implement the strategies in context of everyday routines and activities but would need more support than that described above. Or Family cannot implement in everyday, but could use consultation/coaching described.

2 = Yes, Family should be able implement the strategies in context of everyday routines and activities with consultation/support that is described in strategy.

3. For strategies related to family member roles: Is the focus of the strategy on behavior that is teachable during daily activities and routines?

☐

0 = No, not focused on behavior that is or could be taught. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Strategy somewhat fits into daily activities and routines, but not clearly so.

2 = Yes, the strategy is focused on behavior that could realistically be taught within the child's daily activities and routines.

4. Does this strategy enhance child's natural learning opportunities; using materials and/or locations familiar and of interest to child/family?

☐

0 = Strategy does not enhance child's natural learning opportunities nor does it include using familiar toys/locations. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Strategy either 1) enhances child's natural learning opportunities or 2) includes using toys and/or locations familiar to the child, but not both.

2 = Yes, strategy enhances the child's natural learning opportunities and uses materials and locations familiar to child/family.

5. Is the strategy section written in such a manner that it can be easily understood (i.e., jargon-free)?

☐

0 = No, there are highly specialized terms, jargon, or complicated terms included in strategy.

1 = No obvious use of jargon, but contains acronyms or abbreviations (e.g., EIS) which are not defined.

2 = Strategy is written without jargon and in such a manner that all can understand wording.

6. Is the strategy connected to the outcome and does it reflect the child's skills? Or are the two disjointed i.e. they could be implemented separately without achieving outcome?

0 = Strategy is **not** connected to outcome; strategy could be implemented without achieving outcome. Or no clear individualized strategies. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Overall, the strategy is connected to outcome, but does not appear to take the child's developmental level and current skills/interests into account.

2 = Yes, the overall strategy is clearly connected to the outcome and reflects the child's current skills/interests and developmental level.

7. Does the strategy appear likely to burden /overwhelm the family?

0 = Yes, strategy is likely to be overly burdensome on family in regard to resources required, disruption to typical activities, or time and/or assistance from others required. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Strategy relies heavily on family in regard to resources needed.

2 = No, the strategy fits into a typical daily routine and uses familiar objects and activities so that it should not be burdensome.

8. Can the strategy be addressed by multiple professionals in multiple environments?

0 = No, strategy is written to only be implemented in very specific environments with very specific people. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Strategy might be able to be addressed by multiple people or in multiple environments, but does not include clear strategies which could be operationalized by professionals.

2 = Yes, strategy written such that it can be addressed by multiple people in multiple environments.

9. Does the strategy stress building family capacity through provider consultation?)

0 = No, does not stress this. Rather, it is a clinical model of direct therapy with the child. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Stresses building family capacity across environments, but does not stress consultation/coaching. This can be implied if strategies include parents and professional and an implied link between the two (e.g., service coordinator will provide info or therapist will provide activities). Not sufficient for rating of 2.

2 = Yes, strategy stresses building family capacity in a manner in which the provider addresses ongoing concerns and facilitates

10. Do the strategy and support sections discuss/identify informal supports (e.g., grandparents) and community services (e.g., library) which can be used to address outcomes?

0 = No discussion of informal supports or community services.

1 = Some references to supports, but not described sufficiently to warrant a rating of 2. Indicates access to service, but no indication as to how the services will be accessed by family.

2 = Discusses informal and community supports available with clear indication of how these might be accessed by the family.

11. In regard to strategies related to professional members' roles: Is the focus of the strategy on a behavior that could be taught during daily activities and routines?

0 = No, not focused on behavior that is being or could be taught. OR: Not enough information available to make this determination. Or strategy/resources not defined such that this can be determined.

1 = Strategy somewhat fits into daily activities and routines, but not clearly so.

2 = Yes, the strategy is focused on behavior that could realistically be taught within the child's daily activities and routines.

Section 4: Family-based Outcomes (Parent Concerns section of IFSP)

1. **[Circle all that apply] Please indicate which could describe the parent concerns (family outcomes and any accompanying strategies) on the IFSP. Does it (or do they) help:**

   Family know rights
   Family effectively communicate needs
   Family assist child to develop and learn
   Family learn to advocate for their child
   Increase family confidence and competence
   Family know how to locate resources
   None of the above
   Unclear

2. **A. Is the parent outcome on the IFSP participation-based? That is, is the adult caregiver the "actor" or "do-er?"**

   0 = No
   1 = Yes

   B. Is the parent outcome on the IFSP resource-based? That is, does it help the family know how to locate and/or access resources or gain confidence to advocate for resources?

   0 = No
   1 = Yes

Total IFSP score rating (all 4 categories)

- ☐ **IFSP is lacking quality (0 - 17)**
- ☐ **IFSP has elements of quality (18 - 31)**
- ☐ **High quality IFSP (32 - 51)**